

(C) in subsection (e)(2) by striking "shall" and inserting "may";

(D) in subsection (f)(2) by inserting "voluntary agreement or" after "approved";

(E) by amending subsection (h) to read as follows—

"(h) Section 708 of the Defense Production Act of 1950 shall not apply to any agreement or action undertaken for the purpose of developing or carrying out—

"(1) the international energy program, or
 "(2) any allocation, price control, or similar program with respect to petroleum products under this Act.";

(F) in subsection (i) by inserting "annually, or" after "least" and by inserting "during an international energy supply emergency" after "months";

(G) in subsection (k) by amending paragraph (2) to read as follows—

"(2) The term "international emergency response provisions" means—

"(A) the provisions of the international energy program which relate to international allocation of petroleum products and to the information system provided in the program, and

"(B) the emergency response measures adopted by the Governing Board of the International Energy Agency (including the July 11, 1984, decision by the Governing Board on "Stocks and Supply Disruptions") for—

"(i) the coordinated drawdown of stocks of petroleum products held or controlled by governments; and

"(ii) complementary actions taken by governments during an existing or impending international oil supply disruption"; and

(H) by amending subsection (l) to read as follows:

"(1) The antitrust defense under subsection (f) shall not extend to the international allocation of petroleum products unless allocation is required by chapters III and IV of the international energy program during an international energy supply emergency.";

(5) by adding at the end of section 256(h), "There are authorized to be appropriated for fiscal year 1997 such sums as may be necessary to carry out this part."

(6) by adding at the end of section 256(h) (42 U.S.C. 6276(h)) "There are authorized to be appropriated for fiscal year 1997 such sums as may be necessary to carry out this part.";

(7) in section 281 (42 U.S.C. 6285) by striking "June 30, 1996" both places it appears and inserting in lieu thereof "September 30, 1997";

(8) in section 365(f)(1) (42 U.S.C. 6325(f)(1)) by striking "not to exceed" and all that follows through "fiscal year 1993" and inserting in lieu thereof "for fiscal year 1997 such sums as may be necessary";

(9) by amending section 397 (42 U.S.C. 6371f) to read as follows:

AUTHORIZATION OF APPROPRIATIONS

"SEC. 397. For the purpose of carrying out this part, there are authorized to be appropriated for fiscal year 1997 such sums as may be necessary.";

(10) in section 400BB(b) (42 U.S.C. 6374a(b)) by amending paragraph (1) to read as follows:

"(1) There are authorized to be appropriated to the Secretary for carrying out this section such sums as may be necessary for fiscal year 1997, to remain available until expended."

SEC. 2. ENERGY CONSERVATION AND PRODUCTION ACT AMENDMENT.

Section 422 of the Energy Conservation and Production Act (42 U.S.C. 6872) is amended to read as follows:

AUTHORIZATION OF APPROPRIATIONS

"SEC. 422. For the purpose of carrying out the weatherization program under this part, there are authorized to be appropriated for fiscal year 1997 such sums as may be necessary."

Mr. LOTT. Now I ask unanimous consent the amendment be agreed to, the bill be deemed read for the third time, passed as amended, the motion to reconsider be laid upon the table and that any statements relating to the bill be placed at the appropriate place in the RECORD.

The amendment (No. 5415) was agreed to.

The bill (H.R. 3868), as amended, was deemed read the third time, and passed.

DEPARTMENT OF ENERGY STANDARDIZATION ACT OF 1996

Mr. LOTT. I ask unanimous consent the Senate proceed to Calendar No. 486, S. 1874.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A bill (S. 1874) to amend sections of the Department of Energy Organization Act that are obsolete or inconsistent with other statutes and to repeal a related section of the Federal Energy Administration Act of 1974.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the bill?

There being no objection, the Senate proceeded to consider the bill.

Mr. LOTT. I ask unanimous consent that the bill be deemed read the third time, passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be placed at the appropriate place in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 1874) was deemed read for a third time and passed, as follows:

S. 1874

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Department of Energy Standardization Act of 1996".

SEC. 2. STANDARDIZATION OF DEPARTMENT OF ENERGY REQUIREMENTS WITH GOVERNMENT-WIDE REQUIREMENTS.

(a) DEPARTMENT OF ENERGY REGULATIONS.—

(1) Section 501 of the Department of Energy Organization Act (42 U.S.C. 7191) is amended by striking subsections (b) and (d).

(2) TECHNICAL AND CONFORMING AMENDMENT.—Section 501(e) of the Department of Energy Organization Act (42 U.S.C. 7191(e)) is amended by striking "subsections (b), (c), and (d)" and inserting "subsection (c)".

(b) SPECIAL REQUIREMENTS AFFECTING ADVISORY COMMITTEES.—

(1) Section 624 of the Department of Energy Organization Act (42 U.S.C. 7234) is amended by—

(A) striking "(a)"; and

(B) striking subsection (b).

(2) TECHNICAL AND CONFORMING AMENDMENT.—Section 17 of the Federal Energy Administration Act of 1974 (15 U.S.C. 776) is hereby repealed.

HEALTH PROFESSIONS EDUCATION CONSOLIDATION AND REAUTHORIZATION ACT

Mr. LOTT. I ask unanimous consent to proceed to the immediate consideration of Calendar No. 121, S. 555.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A bill (S. 555) to amend the Public Health Service Act to consolidate and reauthorize health professional and minority and disadvantaged health education programs, and for other purposes.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the bill?

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Labor and Human Resources, with an amendment to strike out all after the enacting clause, and inserting in lieu thereof the following:

SECTION 1. SHORT TITLE.

(a) SHORT TITLE.—This Act may be cited as the "Health Professions Education Consolidation and Reauthorization Act of 1995".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title.

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

Subtitle A—Health Professions Education Programs

Sec. 101. Minority and disadvantaged health professions grant program.

Sec. 102. Training in family medicine, general internal medicine, general pediatrics, preventive medicine, physician assistants, and general dentistry.

Sec. 103. Enhanced health education and training.

Sec. 104. Health professions workforce development.

Sec. 105. General provisions.

Sec. 106. Preference in certain programs.

Sec. 107. Definitions.

Sec. 108. Savings provision.

Subtitle B—Nursing Education

Sec. 121. Short title.

Sec. 122. Purpose.

Sec. 123. Amendments to Public Health Service Act.

Sec. 124. Savings provision.

Subtitle C—Financial Assistance

PART 1—NATIONAL HEALTH SERVICE CORPS FINANCIAL ASSISTANCE PROGRAMS

Sec. 131. General amendments with respect to federally supported loans.

Sec. 132. Restructuring and technical amendments.

Sec. 133. Definition of underserved areas.

Sec. 134. Conforming amendments.

PART 2—SCHOOL-BASED REVOLVING LOAN FUNDS

Sec. 135. Primary care loan program.

Sec. 136. Loans for disadvantaged students.

Sec. 137. Student loans regarding schools of nursing.

Sec. 138. General provisions.

PART 3—INSURED HEALTH EDUCATION ASSISTANCE LOANS TO GRADUATE STUDENTS

Sec. 141. Health education assistance loan program.

Sec. 142. HEAL lender and holder performance standards.

Sec. 143. Reauthorization.

PART 4—SCHOLARSHIPS FOR DISADVANTAGED STUDENTS

Sec. 151. Scholarships for disadvantaged students.

TITLE II—OFFICE OF MINORITY HEALTH

Sec. 201. Revision and extension of programs of Office of Minority Health.

TITLE III—SELECTED INITIATIVES

Sec. 301. Programs regarding birth defects.

Sec. 302. Traumatic brain injury.
 Sec. 303. State offices of rural health.
 Sec. 304. Health services for Pacific Islanders.
 Sec. 305. Demonstration projects regarding Alzheimer's Disease.

TITLE IV—MISCELLANEOUS PROVISIONS

Sec. 401. Technical corrections regarding Public Law 103-183.
 Sec. 402. Certain authorities of Centers for Disease Control and Prevention.
 Sec. 403. Administration of certain requirements.
 Sec. 404. Technical corrections relating to health professions programs.
 Sec. 405. Clinical traineeships.
 Sec. 406. Construction of regional centers for research on primates.
 Sec. 407. Required consultation by Secretary.

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

Subtitle A—Health Professions Education Programs

SEC. 101. MINORITY AND DISADVANTAGED HEALTH PROFESSIONS GRANT PROGRAM.

(a) *IN GENERAL.*—Part B of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.) is amended to read as follows:

“PART B—DISADVANTAGED HEALTH PROFESSIONS TRAINING

“SEC. 736. STATEMENT OF PURPOSE.

“(a) *IN GENERAL.*—The Secretary shall make grants to or enter into contracts with eligible entities for the purpose of establishing, enhancing, and expanding programs to increase the number and the quality of disadvantaged health professionals, particularly those who provide health services to disadvantaged populations or in medically underserved areas or rural areas.

“(b) *USE OF FUNDS.*—Amounts provided under a grant or contract awarded under this part may be used for costs of planning, developing, or operating centers of excellence in minority health professions education, programs for assisting individuals from disadvantaged backgrounds to enter a health profession, minority faculty development, minority faculty loan repayment or fellowships, trainee support, technical assistance, workforce analysis, and dissemination of information.

“(c) *CONSORTIUM.*—Schools within a consortium that applies for a grant or contract under this part shall enter into an agreement to allocate the funds received under the grant or contract among such schools and expend such funds in accordance with the application for such grant or contract.

“SEC. 737. PREFERENCES.

“In awarding grants or contracts to eligible entities under this part, the Secretary shall give preference to—

“(1) projects that involve more than one health professions discipline or training institution and have an above average record of retention and graduation of individuals from disadvantaged backgrounds; and

“(2) centers of excellence at Historically Black Colleges and Universities (as defined in section 739) beginning in fiscal year 1999 and for each fiscal year thereafter.

“SEC. 738. AUTHORIZATION OF APPROPRIATION.

“(a) *IN GENERAL.*—There are authorized to be appropriated to carry out this part, \$51,000,000 for fiscal year 1996, and such sums as may be necessary for each of the fiscal years 1997 through 1999.

“(b) *SET-ASIDE.*—With respect to each of the fiscal years 1996, 1997 and 1998, the Secretary shall set-aside \$12,000,000 of the amount appropriated under subsection (a) in each such fiscal year for the purpose of making grants under section 736 to centers of excellence at certain Historically Black Colleges and Universities.

“(c) *NO LIMITATION.*—Nothing in this section shall be construed as limiting the centers of ex-

cellence referred to in subsection (b) to the set-aside amount, or to preclude such entities from competing for other grants under section 736.

“SEC. 739. DEFINITIONS.

“As used in this part:

“(1) *CENTERS OF EXCELLENCE.*—The term ‘centers of excellence’ means a health professions school that—

“(A)(i) has a significant number of minority individuals enrolled in the school, including individuals accepted for enrollment in the school;

“(ii) has been effective in assisting minority students of the school to complete the program of education and receive the degree involved;

“(iii) has been effective in recruiting minority individuals to attend the school and encouraging minority students of secondary educational institutions to attend the health professions school; and

“(iv) has made significant recruitment efforts to increase the number of minority individuals serving in faculty or administrative positions at the school; or

“(B) is a center of excellence at certain Historically Black Colleges and Universities.

“(2) *CONSORTIUM.*—The term ‘consortium’ means the designated eligible entity seeking a grant under this part and one or more schools of medicine, osteopathic medicine, dentistry, pharmacy, nursing, allied health, public health, or graduate programs in mental health practice.

“(3) *ELIGIBLE ENTITIES.*—The term ‘eligible entities’ means schools of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health or schools offering graduate programs in mental health practice, State or local governments, and other public or non-profit private entities determined appropriate by the Secretary that submit to the Secretary an application.

“(4) *HISTORICALLY BLACK COLLEGES AND UNIVERSITIES.*—The term ‘Historically Black Colleges and Universities’ means a school described in section 799B(1) that has received a contract under section 788B for fiscal year 1987, as such section was in effect for such fiscal year.”

(b) REPEAL.—

(1) *IN GENERAL.*—Section 795 of the Public Health Service Act (42 U.S.C. 295n) is repealed.

(2) *NONTERMINATION OF AUTHORITY.*—The amendments made by this section shall not be construed to terminate agreements that, on the day before the date of enactment of this Act, are in effect pursuant to section 795 of the Public Health Service Act (42 U.S.C. 795) as such section existed on such date. Such agreements shall continue in effect in accordance with the terms of the agreements. With respect to compliance with such agreements, any period of practice as a provider of primary health services shall be counted towards the satisfaction of the requirement of practice pursuant to such section 795.

(c) *CONFORMING AMENDMENTS.*—Section 481A(c)(3)(D)(i) of the Public Health Service Act (42 U.S.C. 287a-2(c)(3)(D)(i)) is amended by striking “section 739” and inserting “part B of title VII”.

SEC. 102. TRAINING IN FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PREVENTIVE MEDICINE, PHYSICIAN ASSISTANTS, AND GENERAL DENTISTRY.

Part C of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.) is amended—

(1) in the part heading by striking “PRIMARY HEALTH CARE” and inserting “FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PREVENTIVE MEDICINE, PHYSICIAN ASSISTANTS, AND GENERAL DENTISTRY”;

(2) by repealing section 746 and sections 748 through 752 (42 U.S.C. 293j and 293l through 293p); and

(3) in section 747 (42 U.S.C. 293k)—

(A) by striking the section heading and inserting the following:

“SEC. 747. FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PREVENTIVE MEDICINE, GENERAL DENTISTRY, AND PHYSICIAN ASSISTANTS.”;

(B) in subsection (a)—

(i) in paragraph (1)—
 (I) by inserting “, internal medicine, or pediatrics” after “family medicine”; and

(II) by inserting before the semicolon the following: “that emphasizes training for the practice of family medicine, general internal medicine, or general pediatrics (as defined by the Secretary)”;

(ii) in paragraph (2), by inserting “, general internal medicine, or general pediatrics” before the semicolon;

(iii) in paragraphs (3) and (4), by inserting “, general internal medicine (including geriatrics), or general pediatrics” after “family medicine”;

(iv) in paragraphs (3) and (4), by inserting “(including geriatrics)” after “family medicine”;

(v) in paragraph (3), by striking “and” at the end thereof;

(vi) in paragraph (4), by striking the period and inserting a semicolon; and

(vii) by adding at the end thereof the following new paragraphs:

“(5) to meet the costs of projects to plan, develop, and operate or maintain programs for the training of physician assistants (as defined in section 799B), and for the training of individuals who will teach in programs to provide such training;

“(6) to meet the costs of projects—

“(A) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine, that have available full-time faculty members with training and experience in the fields of preventive medicine; and

“(B) to provide financial assistance to residency trainees enrolled in such programs; and

“(7) to meet the costs of planning, developing, or operating programs, and to provide financial assistance to residents in such programs, that would lead to a significantly greater ratio of participating individuals in such programs eventually entering practice in general dentistry in rural and medically underserved communities compared to the current ratio of all dentists nationally practicing general dentistry in rural and medically underserved communities.

For purposes of paragraph (7), entities eligible for such grants or contracts shall include entities that have programs in dental schools, approved residency programs in the general practice of dentistry, or approved advanced education programs in the general practice of dentistry. The Secretary may only fund programs under such paragraph if such programs provide a significant amount of care for underserved populations and other high-risk groups, and if the Secretary determines that there is a national shortage of general dentists.”;

(C) in paragraphs (1) and (2)(A) of subsection (b), by inserting “, general internal medicine, or general pediatrics” after “family medicine”;

(D) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively;

(E) by inserting after subsection (b), the following new subsection:

“(c) *PRIORITY AND LIMITATION.*—

“(1) *PRIORITY.*—With respect to programs for the training of interns or residents, the Secretary shall give priority in awarding grants under this section to qualified applicants that have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers, which enter and remain in primary care practice or general dentistry upon completion of their first period of training required to obtain initial board certification. Each program shall designate the primary care training or general dentistry positions that such program shall provide with grant funding to support and for which such program shall be held accountable

regarding the primary care or general dentistry requirement set forth in this section.

"(2) LIMITATION.—With respect to programs for the training and education of medical students, the Secretary may only provide grants or contracts under this section to administrative units in general pediatrics or general internal medicine if a qualified administrative unit applicant demonstrates that its medical school has—

"(A) a mission statement that has a primary care medical education objective;

"(B) faculty role models and administrative units in primary care; and

"(C) required undergraduate ambulatory medical student clerkships in family medicine, internal medicine, and pediatrics.

Where a medical school does not have an administrative unit in family medicine, clerkships in family medicine shall not be required."; and

(F) in subsection (e) (as so redesignated by subparagraph (D))—

(i) in paragraph (1), by striking "\$54,000,000" and all that follows and inserting "\$76,000,000 for fiscal year 1996, and such sums as may be necessary for each of the fiscal years 1997 through 1999."; and

(ii) in paragraph (2)—

(I) by striking "20" and inserting "12"; and

(II) by inserting "for family medicine academic administrative units" after "under subsection (b)".

SEC. 103. ENHANCED HEALTH EDUCATION AND TRAINING.

Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended to read as follows:

"PART D—AREA HEALTH EDUCATION CENTERS

"SEC. 750. AREA HEALTH EDUCATION CENTERS.

"(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities for projects which —

"(1) improve the recruitment, distribution, supply, quality, utilization, and efficiency of personnel providing health services in urban and rural areas and to populations that have demonstrated serious unmet health care need;

"(2) encourage the regionalization of educational responsibilities of the health professions schools;

"(3) are designed to prepare, through field placements, preceptorships, the conduct of or affiliation with community-based primary care residency programs, agreements with community-based organizations for the delivery of education and training in the health professions, and other programs, individuals to effectively provide health services in health professional shortage areas;

"(4) conduct health professions education and training activities consistent with national and State priorities, including geriatrics;

"(5) encourage health promotion and disease prevention activities;

"(6) conduct interdisciplinary training and practice involving other health professionals;

"(7) conduct continuing education programs for health professionals or coordinate with such programs; and

"(8) address other areas as determined appropriate by the Secretary.

"(b) PREFERENCES.—In awarding grants or contracts to eligible entities under this part, the Secretary shall give preference to projects that—

"(1) involve more than one health professions discipline or training institution; and

"(2) have a good record of retention and graduation of individuals that enter practice in medically underserved communities.

"(c) OTHER ELIGIBLE PROGRAMS.—

"(1) GERIATRIC EDUCATION CENTERS.—The Secretary shall award grants or contracts under this section for the establishment or operation of geriatric education centers.

"(2) PUBLIC HEALTH TRAINING CENTERS.—

"(A) IN GENERAL.—The Secretary shall award grants or contracts under this section for the operation of public health training centers.

"(B) ELIGIBLE ENTITIES.—A public health training center shall be an accredited school of public health, or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects that are in furtherance of the goals established by the Secretary for the year 2000 in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities.

"(C) CERTAIN REQUIREMENTS.—With respect to a public health training center, an award may not be made under subparagraph (A) unless the program agrees that it—

"(i) will establish or strengthen field placements for students in public or nonprofit private health agencies or organizations; and

"(ii) will involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities.

"(d) ELIGIBLE ENTITIES.—As used in this part, the term 'eligible entities' means schools of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health or schools offering graduate programs in mental health practice or physician assistant training programs, State or local governments, and other public or nonprofit private entities determined appropriate by the Secretary that submit to the Secretary an application.

"(e) GERIATRIC EDUCATION CENTERS.—A geriatric education center shall be an accredited health professions school or program that—

"(1) improves the training of health professionals in geriatrics, including geriatric residencies, traineeships, or fellowships;

"(2) develops and disseminates curricula relating to the treatment of the health problems of elderly individuals;

"(3) supports the training and retraining of faculty to provide instruction in geriatrics;

"(4) supports continuing education of health professionals who provide geriatric care; and

"(5) provides students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers.

"SEC. 751. AUTHORIZATION OF APPROPRIATIONS.

"There are authorized to be appropriated to carry out this part, \$43,000,000 for fiscal year 1996, such sums as may be necessary for each of the fiscal years 1997 and 1998, and \$29,000,000 for fiscal year 1999."

"SEC. 104. HEALTH PROFESSIONS WORKFORCE DEVELOPMENT.

"(a) IN GENERAL.—Part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.) is amended—

(1) in the part heading to read as follows:

"PART E—HEALTH PROFESSIONS WORKFORCE DEVELOPMENT";

(2) by redesignating section 776 (42 U.S.C. 294n) as section 761; and

(3) by striking sections 777 and 778 (42 U.S.C. 294o and 294p) and inserting the following new section:

"SEC. 762. HEALTH PROFESSIONS WORKFORCE DEVELOPMENT.

"(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities for projects to strengthen capacity for health professions education and practice.

"(b) ELIGIBLE APPLICANTS.—Applicants eligible to obtain funds under subsection (a) shall include schools of medicine, osteopathic medicine, dentistry, veterinary medicine, pharmacy, podiatric medicine, chiropractic medicine, optometry, public health, or allied health, graduate programs in mental health practice, physician assistant training programs, and other public and nonprofit private entities.

"(c) PRIORITY AREAS.—In awarding grants or contracts under subsection (a), the Secretary

shall give priority to entities that will use amounts provided under such grants or contracts to enhance the education of health professionals for purposes of—

"(1) providing care for underserved populations and other high-risk groups;

"(2) increasing the number of individuals who are pursuing a course of study in a health professions field in which there is a severe shortage of health professionals;

"(3) conducting health professions research and data collection; and

"(4) carrying out other activities in areas determined appropriate by the Secretary.

"(d) AUTHORIZATION OF APPROPRIATIONS.—

"(1) IN GENERAL.—There are authorized to be appropriated to carry out this section, \$16,000,000 for fiscal year 1996, and such sums as may be necessary for each of the fiscal years 1997 through 1999.

"(2) RESERVATION.—Of the amounts appropriated under subsection (a) for a fiscal year, the Secretary shall reserve not less than \$2,000,000 for conducting health professions research and for carrying out data collection and analysis in accordance with section 792."

(b) HEALTH PROFESSIONS DATA.—The second sentence of section 792(a) of the Public Health Service Act (42 U.S.C. 295k(a)) is amended—

(1) by striking "is authorized to" and inserting "shall"; and

(2) by inserting "clinical social workers," after "clinical psychologists."

(c) COUNCIL ON GRADUATE MEDICAL EDUCATION.—Section 301 of the Health Professions Education Extension Amendments of 1992 (Public Law 102-408) is amended—

(1) in subsection (j), by striking "1995" and inserting "1999";

(2) in subsection (k), by striking "1995" and inserting "1999";

(3) by adding at the end thereof the following new subsection:

"(l) FUNDING.—Amounts otherwise appropriated under this title may be utilized by the Secretary to support the activities of the Council."

(4) by transferring such section to part E of title VII of the Public Health Service Act (as amended by subsection (a));

(5) by redesignating such section as section 763; and

(6) by inserting such section after section 762.

"SEC. 105. GENERAL PROVISIONS.

(a) IN GENERAL.—

(1) Part F of title VII of the Public Health Service Act (42 U.S.C. 295 et seq.) is repealed.

(2) Part G of title VII of the Public Health Service Act (42 U.S.C. 295j et seq.) is amended—

(A) by redesignating such part as part F;

(B) in section 791 (42 U.S.C. 295j)—

(i) by striking subsection (b); and

(ii) redesignating subsection (c) as subsection (b);

(C) by repealing section 793 (42 U.S.C. 295l);

(D) by repealing section 798;

(E) by redesignating section 799 as section 799B; and

(F) by inserting after section 794, the following new sections:

"SEC. 796. APPLICATION.

"(a) IN GENERAL.—To be eligible to receive a grant or contract under this title, an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section, at such time, in such manner, and containing such information as the Secretary may require.

"(b) PLAN.—An application submitted under this section shall contain the plan of the applicant for carrying out a project with amounts received under this title. Such plan shall be consistent with relevant Federal, State, or regional program plans.

"(c) PERFORMANCE OUTCOME STANDARDS.—An application submitted under this section shall contain a specification by the applicant entity

of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant health workforce needs that the project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.

“(d) LINKAGES.—An application submitted under this section shall contain a description of the linkages with relevant educational and health care entities, including training programs for other health professionals as appropriate, that the project to be funded under the grant or contract will establish.

“SEC. 797. USE OF FUNDS.

“(a) IN GENERAL.—Amounts provided under a grant or contract awarded under this title may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reasonable living expenses during the period of training, technical assistance, workforce analysis, and dissemination of information, as appropriate to meet recognized health workforce objectives, in accordance with this title.

“(b) MAINTENANCE OF EFFORT.—With respect to activities for which a grant awarded under this title is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.

“SEC. 798. MATCHING REQUIREMENT.

“The Secretary may require that an entity that applies for a grant or contract under this title provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. As determined by the Secretary, such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

“SEC. 799. GENERALLY APPLICABLE PROVISIONS.

“(a) AWARDING OF GRANTS AND CONTRACTS.—The Secretary shall ensure that grants and contracts under this title are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet health workforce goals and in accordance with this title. Contracts may be entered into under this title with public or private entities as may be necessary.

“(b) INFORMATION REQUIREMENTS.—Recipients of grants and contracts under this title shall meet information requirements as specified by the Secretary.

“(c) TRAINING PROGRAMS.—Training programs conducted with amounts received under this title shall meet applicable accreditation and quality standards.

“(d) DURATION OF ASSISTANCE.—

“(1) IN GENERAL.—Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this title, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.

“(2) LIMITATION.—In the case of an award to an entity of a grant, cooperative agreement, or contract under this title, paragraph (1) shall apply only to the extent not inconsistent with any other provision of this title that relates to the period during which payments may be made under the award.

“(e) PEER REVIEW REGARDING CERTAIN PROGRAMS.—Each application for a grant under this title, except any scholarship or loan program, including those under sections 701, 721, or 723, shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval. Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

“(f) PREFERENCE OR PRIORITY CONSIDERATIONS.—In considering a preference or priority for funding which is based on outcome measures for an eligible entity under this title, the Secretary may also consider the future ability of the eligible entity to meet the outcome preference or priority through improvements in the eligible entity's program design.

“SEC. 799A. TECHNICAL ASSISTANCE.

“Funds appropriated under this title may be used by the Secretary to provide technical assistance in relation to any of the authorities under this title.”

SEC. 106. PREFERENCE IN CERTAIN PROGRAMS.

(a) IN GENERAL.—Section 791 of the Public Health Service Act (42 U.S.C. 295j), as amended by section 105(a)(2)(B), is further amended by adding at the end thereof the following subsection:

“(c) EXCEPTIONS FOR NEW PROGRAMS.—

“(1) IN GENERAL.—To permit new programs to compete equitably for funding under this section, those new programs that meet the criteria described in paragraph (3) shall qualify for a funding preference under this section.

“(2) DEFINITION.—As used in this subsection, the term ‘new program’ means any program that has graduated less than three classes. Upon graduating at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the general funding preferences described in subsection (a).

“(3) CRITERIA.—The criteria referred to in paragraph (1) are the following:

“(A) The mission statement of the program identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.

“(B) The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.

“(C) Substantial clinical training experience is required under the program in medically underserved communities.

“(D) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in medically underserved communities.

“(E) The entire program or a substantial portion of the program is physically located in a medically underserved community.

“(F) Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.

“(G) The program provides a placement mechanism for deploying graduates to medically underserved communities.”

(b) CONFORMING AMENDMENTS.—Section 791(a) of the Public Health Service Act (42 U.S.C. 295j(a)) is amended—

(1) in paragraph (1), by striking “sections 747” and all that follows through “767” and inserting “section 747”; and

(2) in paragraph (2), by striking “under section 798(a)”.

SEC. 107. DEFINITIONS.

(a) PROFESSIONAL PSYCHOLOGY.—Section 799B(1)(B) of the Public Health Service Act (42 U.S.C. 295p(1)(B)) (as so redesignated by section

105(a)(2)(E)) is amended by striking “program in clinical psychology” and inserting “graduate programs in professional psychology”.

(b) MEDICALLY UNDERSERVED COMMUNITY.—Section 799B(6) of the Public Health Service Act (42 U.S.C. 295p(8)) (as so redesignated by section 105(a)(2)(E)) is amended—

(1) in subparagraph (B), by striking “or” at the end thereof;

(2) in subparagraph (C), by striking the period and inserting a semicolon; and

(3) by adding at the end the following new subparagraphs:

“(D) is a State or local health department that has a severe shortage of public health personnel as determined under criteria established by the Secretary;

“(E) has ambulatory practice sites designated by State Governors as shortage areas or medically underserved communities for purposes of State scholarships or loan repayment or related programs; or

“(F) has practices or facilities in which not less than 50 percent of the patients are recipients of aid under title XIX of the Social Security Act or eligible and uninsured.”

(c) PROGRAMS FOR THE TRAINING OF PHYSICIAN ASSISTANTS.—Paragraph (3) of section 799B of the Public Health Service Act (42 U.S.C. 295p) (as so redesignated by section 105(a)(2)(E)) is amended to read as follows:

“(3) The term ‘program for the training of physician assistants’ means an educational program that—

“(A) has as its objective the education of individuals who will, upon completion of their studies in the program, be qualified to provide primary care under the supervision of a physician;

“(B) extends for at least one academic year and consists of—

“(i) supervised clinical practice; and

“(ii) at least four months (in the aggregate) of classroom instruction, directed toward preparing students to deliver health care;

“(C) has an enrollment of not less than eight students; and

“(D) trains students in primary care, disease prevention, health promotion, geriatric medicine, and home health care.”

SEC. 108. SAVINGS PROVISION.

In the case of any authority for making awards of grants or contracts that is terminated by the amendments made by this subtitle, the Secretary of Health and Human Services may, notwithstanding the termination of the authority, continue in effect any grant or contract made under the authority that is in effect on the day before the date of the enactment of this Act, subject to the duration of any such grant or contract not exceeding the period determined by the Secretary in first approving such financial assistance, or in approving the most recent request made (before the date of such enactment) for continuation of such assistance, as the case may be.

Subtitle B—Nursing Education

SEC. 121. SHORT TITLE.

This title may be cited as the “Nursing Education Consolidation and Reauthorization Act of 1995”.

SEC. 122. PURPOSE.

It is the purpose of this title to restructure the nurse education authorities of title VIII of the Public Health Service Act to permit a comprehensive, flexible, and effective approach to Federal support for nursing workforce development.

SEC. 123. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.

Title VIII of the Public Health Service Act (42 U.S.C. 296k et seq.) is amended—

(1) by striking the title heading and all that follows except for subparts II and III of part B and section 855; and inserting the following:

“TITLE VIII—NURSING WORKFORCE DEVELOPMENT”;

(2) by redesignating subpart III of part B as subpart II;

(3) in subpart II of part B, by striking the subpart heading and inserting the following:

**"PART E—STUDENT LOANS
"Subpart I—General Program";**

(4) by striking section 837;

(5) by inserting after the title heading the following new parts:

"PART A—GENERAL PROVISIONS

"SEC. 801. DEFINITIONS.

"As used in this title:

"(1) **ELIGIBLE ENTITIES.**—The term 'eligible entities' means schools of nursing, nursing centers, State or local governments, and other public or nonprofit private entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with section 802.

"(2) **SCHOOL OF NURSING.**—The term 'school of nursing' means a collegiate, associate degree, or diploma school of nursing in a State.

"(3) **COLLEGIATE SCHOOL OF NURSING.**—The term 'collegiate school of nursing' means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited.

"(4) **ASSOCIATE DEGREE SCHOOL OF NURSING.**—The term 'associate degree school of nursing' means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, or such unit, college, or university is accredited.

"(5) **DIPLOMA SCHOOL OF NURSING.**—The term 'diploma school of nursing' means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited.

"(6) **ACCREDITED.**—

"(A) **IN GENERAL.**—Except as provided in subparagraph (B), the term 'accredited' when applied to any program of nurse education means a program accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education. For the purpose of this paragraph, the Secretary of Education shall publish a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be reliable authority as to the quality of education offered.

"(B) **NEW PROGRAMS.**—A new school of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of this title if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will meet the accreditation standards of such body or bodies prior to the beginning of

the academic year following the normal graduation date of students of the first entering class in such school.

"(7) **NONPROFIT.**—The term 'nonprofit' as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

"(8) **STATE.**—The term 'State' means a State, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, or the Trust Territory of the Pacific Islands.

"SEC. 802. APPLICATION.

"(a) **IN GENERAL.**—To be eligible to receive a grant or contract under this title, an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section, at such time, in such manner, and containing such information as the Secretary may require.

"(b) **PLAN.**—An application submitted under this section shall contain the plan of the applicant for carrying out a project with amounts received under this title. Such plan shall be consistent with relevant Federal, State, or regional program plans.

"(c) **PERFORMANCE OUTCOME STANDARDS.**—An application submitted under this section shall contain a specification by the applicant entity of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant national nursing needs that the project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.

"(d) **LINKAGES.**—An application submitted under this section shall contain a description of the linkages with relevant educational and health care entities, including training programs for other health professionals as appropriate, that the project to be funded under the grant or contract will establish.

"SEC. 803. USE OF FUNDS.

"(a) **IN GENERAL.**—Amounts provided under a grant or contract awarded under this title may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reasonable living expenses during the period of training, technical assistance, workforce analysis, and dissemination of information, as appropriate to meet recognized nursing objectives, in accordance with this title.

"(b) **MAINTENANCE OF EFFORT.**—With respect to activities for which a grant awarded under this title is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.

"SEC. 804. MATCHING REQUIREMENT.

"The Secretary may require that an entity that applies for a grant or contract under this title provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

"SEC. 805. PREFERENCE.

"In awarding grants or contracts under this title, the Secretary shall give preference to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

"SEC. 806. GENERALLY APPLICABLE PROVISIONS.

"(a) **AWARDING OF GRANTS AND CONTRACTS.**—The Secretary shall ensure that grants and contracts under this title are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet national nursing service goals and in accordance with this title. Contracts may be entered into under this title with public or private entities as determined necessary by the Secretary.

"(b) **INFORMATION REQUIREMENTS.**—Recipients of grants and contracts under this title shall meet information requirements as specified by the Secretary.

"(c) **TRAINING PROGRAMS.**—Training programs conducted with amounts received under this title shall meet applicable accreditation and quality standards.

"(d) **DURATION OF ASSISTANCE.**—

"(1) **IN GENERAL.**—Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this title, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.

"(2) **LIMITATION.**—In the case of an award to an entity of a grant, cooperative agreement, or contract under this title, paragraph (1) shall apply only to the extent not inconsistent with any other provision of this title that relates to the period during which payments may be made under the award.

"(e) **PEER REVIEW REGARDING CERTAIN PROGRAMS.**—Each application for a grant under this title, except advanced nurse traineeship grants under section 811(a)(2), shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval. Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

"SEC. 807. NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE.

"(a) **ESTABLISHMENT.**—There is hereby established a National Advisory Council on Nurse Education and Practice (in this section referred to as the 'Council'), consisting of the Secretary or the delegate of the Secretary (who shall be an ex officio member and shall serve as the Chairperson), and 15 members appointed by the Secretary without regard to the Federal civil service laws, of which—

"(1) 2 shall be selected from full-time students enrolled in schools of nursing;

"(2) 3 shall be selected from the general public;

"(3) 2 shall be selected from practicing professional nurses; and

"(4) 8 shall be selected from among the leading authorities in the various fields of nursing, higher, and secondary education, and from representatives of hospitals and other institutions and organizations which provide nursing services.

A majority of the members shall be nurses. The student-members of the Council shall be appointed for terms of one year and shall be eligible for reappointment to the Council.

"(b) **DUTIES.**—The Council shall advise the Secretary in the preparation of general regulations and with respect to policy matters arising in the administration of this title, including the

range of issues relating to nurse supply, education and practice improvement.

“(c) FUNDING.—Amounts appropriated under this title may be utilized by the Secretary to support the nurse education and practice activities of the Council.

“SEC. 808. TECHNICAL ASSISTANCE.

“Funds appropriated under this title may be used by the Secretary to provide technical assistance in relation to any of the authorities under this title.

“SEC. 809. RECOVERY FOR CONSTRUCTION ASSISTANCE.

“(a) IN GENERAL.—If at any time within 20 years (or within such shorter period as the Secretary may prescribe by regulation for an interim facility) after the completion of construction of a facility with respect to which funds have been paid under subpart I of part A (as such subpart was in effect on September 30, 1985)—

“(1) the owner of the facility ceases to be a public or nonprofit school;

“(2) the facility ceases to be used for the training purposes for which it was constructed; or

“(3) the facility is used for sectarian instruction or as a place for religious worship,

the United States shall be entitled to recover from the owner of the facility the base amount prescribed by subsection (c)(1) plus the interest (if any) prescribed by subsection (c)(2).

“(b) NOTICE OF CHANGE IN STATUS.—The owner of a facility which ceases to be a public or nonprofit school as described in paragraph (1) of subsection (a), or the owner of a facility the use of which changes as described in paragraph (2) or (3) of such subsection shall provide the Secretary written notice of such cessation or change of use within 10 days after the date on which such cessation or change of use occurs or within 30 days after the date of enactment of the Health Professions Training Assistance Act of 1985, whichever is later.

“(c) AMOUNT OF RECOVERY.—

“(1) BASE AMOUNT.—The base amount that the United States is entitled to recover under subsection (a) is the amount bearing the same ratio to the then value (as determined by the agreement of the parties or in an action brought in the district court of the United States for the district in which the facility is situated) of the facility as the amount of the Federal participation bore to the cost of the construction.

“(2) INTEREST.—

“(A) IN GENERAL.—The interest that the United States is entitled to recover under subsection (a) is the interest for the period (if any) described in subparagraph (B) at a rate (determined by the Secretary) based on the average of the bond equivalent rates of 91-day Treasury bills auctioned during such period.

“(B) TIME PERIOD.—The period referred to in subparagraph (A) is the period beginning—

“(i) if notice is provided as prescribed by subsection (b), 191 days after the date on which the owner of the facility ceases to be a public or nonprofit school as described in paragraph (1) of subsection (a), or 191 days after the date on which the use of the facility changes as described in paragraph (2) or (3) of such subsection; or

“(ii) if notice is not provided as prescribed by subsection (b), 11 days after the date on which such cessation or change of use occurs,

and ending on the date the amount the United States is entitled to recover is collected.

“(d) WAIVER OF RIGHTS.—The Secretary may waive the recovery rights of the United States under subsection (a)(2) with respect to a facility (under such conditions as the Secretary may establish by regulation) if the Secretary determines that there is good cause for waiving such rights.

“(e) LIMITATION ON LIENS.—The right of recovery of the United States under subsection (a) shall not, prior to judgment, constitute a lien on any facility.

“PART B—NURSE PRACTITIONERS, NURSE MIDWIVES, AND OTHER ADVANCED PRACTICE NURSES

“SEC. 811. ADVANCED PRACTICE NURSING GRANTS.

“(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities to meet the costs of—

“(1) projects that support the enhancement of advanced practice nursing education and practice; and

“(2) traineeships for individuals in advanced practice nursing programs.

“(b) DEFINITION OF ADVANCED PRACTICE NURSES.—For purposes of this section, the term ‘advanced practice nurses’ means nurses trained in advanced degree programs including individuals in combined R.N./Master’s degree programs, post-nursing master’s certificate programs, or, in the case of nurse midwives or nurse anesthetists, in certificate programs in existence on the date that is one day prior to the date of enactment of this section, to serve as nurse practitioners, nurse midwives, nurse anesthetists, nurse educators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

“(c) AUTHORIZED NURSE PRACTITIONER AND NURSE-MIDWIFERY PROGRAMS.—Nurse practitioner and nurse midwifery programs eligible for support under this section are educational programs for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) that—

“(1) meet guidelines prescribed by the Secretary; and

“(2) have as their objective the education of nurses who will upon completion of their studies in such programs, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities and other health care institutions.

“(d) OTHER AUTHORIZED EDUCATIONAL PROGRAMS.—The Secretary shall prescribe guidelines as appropriate for other advanced practice nurse education programs eligible for support under this section.

“(e) TRAINEESHIPS.—

“(1) IN GENERAL.—The Secretary may not award a grant to an applicant under subsection (a) unless the applicant involved agrees that traineeships provided with the grant will only pay all or part of the costs of—

“(A) the tuition, books, and fees of the program of advanced nursing practice with respect to which the traineeship is provided; and

“(B) the reasonable living expenses of the individual during the period for which the traineeship is provided.

“(2) DOCTORAL PROGRAMS.—The Secretary may not obligate more than 10 percent of the traineeships under subsection (a) for individuals in doctorate degree programs.

“(3) SPECIAL CONSIDERATION.—In making awards of grants and contracts under subsection (a)(2), the Secretary shall give special consideration to an eligible entity that agrees to expend the award to train advanced practice nurses who will practice in health professional shortage areas designated under section 332.

“PART C—INCREASING NURSING WORKFORCE DIVERSITY

“SEC. 821. WORKFORCE DIVERSITY GRANTS.

“(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) by providing student scholarships or stipends, pre-entry preparation, and retention activities.

“(b) GUIDANCE.—In carrying out subsection (a), the Secretary shall take into consideration the recommendations of the First and Second Invitational Congresses for Minority Nurse

Leaders on ‘Caring for the Emerging Majority,’ in 1992 and 1993, and consult with nursing associations including the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the Black Nurses Association, the Association of Hispanic Nurses, the Association of Asian American and Pacific Islander Nurses, the National Nurses Association, and the Native American Indian and Alaskan Nurses Association.

“(c) REQUIRED INFORMATION AND CONDITIONS FOR AWARD RECIPIENTS.—

“(1) IN GENERAL.—Recipients of awards under this section may be required, where requested, to report to the Secretary concerning the annual admission, retention, and graduation rates for ethnic and racial minorities in the school or schools involved in the projects.

“(2) FALLING RATES.—If any of the rates reported under paragraph (1) fall below the average of the two previous years, the grant or contract recipient shall provide the Secretary with plans for immediately improving such rates.

“(3) INELIGIBILITY.—A recipient described in paragraph (2) shall be ineligible for continued funding under this section if the plan of the recipient fails to improve the rates within the 1-year period beginning on the date such plan is implemented.

“PART D—STRENGTHENING CAPACITY FOR BASIC NURSE EDUCATION AND PRACTICE

“SEC. 831. BASIC NURSE EDUCATION AND PRACTICE GRANTS.

“(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities for projects to strengthen capacity for basic nurse education and practice.

“(b) PRIORITY AREAS.—In awarding grants or contracts under this section the Secretary shall give priority to entities that will use amounts provided under such a grant or contract to enhance the education mix and utilization of the basic nursing workforce by strengthening programs that provide basic nurse education for purposes of—

“(1) improving nursing services in schools and other community settings;

“(2) providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV-AIDS, substance abusers, homeless, and battered women;

“(3) providing managed care, quality improvement, and other skills needed under new systems of organized health care systems;

“(4) developing cultural competencies among nurses;

“(5) providing emergency health services;

“(6) promoting career mobility for nursing personnel in a variety of training settings and cross training or specialty training among diverse population groups; or

“(7) other priority areas as determined by the Secretary.

“PART F—AUTHORIZATION OF APPROPRIATIONS

“SEC. 841. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated to carry out sections 811, 821, and 831, \$62,000,000 for fiscal year 1996, such sums as may be necessary in each of the fiscal years 1997 and 1998, and \$59,000,000 for fiscal year 1999.”; and

(6) by redesignating section 855 as section 810, and transferring such section so as to appear after section 809 (as added by the amendment made by paragraph (5)).

SEC. 124. SAVINGS PROVISION.

In the case of any authority for making awards of grants or contracts that is terminated by the amendment made by section 123, the Secretary of Health and Human Services may, notwithstanding the termination of the authority, continue in effect any grant or contract made under the authority that is in effect on the day before the date of the enactment of this Act, subject to the duration of any such grant or

contract not exceeding the period determined by the Secretary in first approving such financial assistance, or in approving the most recent request made (before the date of such enactment) for continuation of such assistance, as the case may be.

Subtitle C—Financial Assistance

PART 1—NATIONAL HEALTH SERVICE CORPS FINANCIAL ASSISTANCE PROGRAMS

SEC. 131. GENERAL AMENDMENTS WITH RESPECT TO FEDERALLY SUPPORTED LOANS.

(a) LOAN REPAYMENT PROGRAM.—Section 338B of the Public Health Service Act (42 U.S.C. 254l-1) is amended—

(1) in subsection (a)—

(A) in the matter preceding paragraph (1), by inserting “and public health disease prevention and health promotion activities” before the dash; and

(B) in paragraph (1), by striking “and physician assistants” and inserting “physician assistants, and public health professionals”;

(2) in subsection (b)(1)—

(A) in subparagraph (A), by inserting “public health,” after “dentistry.”;

(B) in subparagraph (B), by inserting “public health,” after “dentistry.”; and

(C) in subparagraph (C), by inserting “public health,” after “dentistry.”;

(3) in subsection (c)(4)—

(A) in subparagraph (A), by inserting “and schools of public health” after “professions schools”;

(B) in subparagraph (B)(i)—

(i) by inserting “or public health professional” after “any health professional”;

(ii) by inserting “or public health disease prevention and health promotion activities” before the period;

(C) in subparagraph (C)—

(i) by inserting “or public health disease prevention and health promotion activities,” after “primary health services.”;

(ii) by inserting “or public health professions” after “health professions”;

(iii) by inserting “or public health professionals” after “health professionals” each place that such occurs;

(4) in subsection (f)(1)(B)(iv), by inserting “or public health disease prevention and health promotion activities” after “primary health services”;

(5) in subsection (g)(2)(A)(iii)—

(A) by inserting “or public health professional” after “the health professional”;

(B) by inserting “or public health disease prevention and health promotion activities” after “primary health services”;

(6) in subsection (i)(8),—

(A) by inserting “or public health professionals” after “health professionals”;

(B) by inserting “or public health disease prevention and health promotion activities” after “primary health services”.

(b) OBLIGATED SERVICE.—Section 338C(b)(5) of the Public Health Service Act (42 U.S.C. 254m(b)(5)) is amended—

(1) in subparagraph (A), by inserting “public health,” after “dentistry.”; and

(2) in subparagraph (E)—

(A) in clause (ii), by inserting “public health,” after “dentistry.”; and

(B) in clause (iii), by inserting “public health,” after “dentistry.”.

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 338H of the Public Health Service Act (42 U.S.C. 254q) is amended to read as follows:

“SEC. 338H. AUTHORIZATION OF APPROPRIATIONS.

“(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated \$90,000,000 for fiscal year 1996 and such sums as may be necessary for each of the fiscal years 1997 through 2000.

“(b) DISTRIBUTION OF AMOUNTS.—The Secretary shall determine the most appropriate

manner in which to allocate amounts appropriated under subsection (a) between the programs authorized in chapter 1, chapter 2, and chapter 3. In determining the manner in which to allocate such amounts, the Secretary shall give priority to funding State-based programs as appropriate under chapter 3. The Secretary shall distribute such amounts among the various programs in such chapters in a manner which furthers both Federal and State needs for health professionals in underserved areas.”.

(d) GRANTS FOR LOAN REPAYMENT PROGRAM.—Section 338I of the Public Health Service Act (42 U.S.C. 254q-1) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking “in health professional shortage areas” and inserting “or public health disease prevention and health promotion activities in Federal health professional shortage areas or approved State designated health professional shortage areas”;

(B) in paragraph (2)—

(i) by inserting “or public health professionals” after “health professionals”;

(ii) by striking “in health professional shortage areas” and inserting “or public health disease prevention and health promotion activities in Federal health professional shortage areas or approved State designated health professional shortage areas”;

(2) in subsection (c)—

(A) in paragraph (1)—

(i) in the paragraph heading, by striking “FEDERAL” and inserting “FEDERAL OR APPROVED STATE”;

(ii) by inserting before the period the following: “or approved State designated health professional shortage areas”;

(B) in paragraph (2), by inserting “or public health professionals” after “health professionals”;

(C) in paragraph (3)—

(i) in subparagraph (A)—

(I) in the matter preceding clause (i), by inserting “or public health professionals” after “health professionals”;

(II) in clause (ii), by striking “health”;

(ii) in subparagraph (B)—

(I) in the matter preceding clause (i), by inserting “or public health professional” after “health professional”;

(II) in clause (ii)—

(aa) by inserting “or public health professional” after “the health professional”;

(bb) by striking “services in a” and inserting “services or public health disease prevention and health promotion activities in a Federal”;

(D) by adding at the end thereof the following new paragraph:

“(4) PRIVATE PRACTICE.—

“(A) In carrying out the program operated with a grant under subsection (a), a State may waive the requirement of paragraph (1) regarding the assignment of a health professional if, subject to subparagraph (B), the health professional enters into an agreement with the State to provide primary health services in a full-time private clinical practice in a health professional shortage area.

“(B) The Secretary may not make a grant under subsection (a) unless the State involved agrees that, if the State provides a waiver under subparagraph (A) for a health professional, section 338D(b)(1) will apply to the agreement under such subparagraph between the State and the health professional to the same extent and in the same manner as such section applies to an agreement between the Secretary and a health professional regarding a full-time private clinical practice.”;

(3) in subsection (h), to read as follows:

“(h) DEFINITIONS.—Unless specifically provided otherwise, as used in this subpart and section 338F:

“(1) APPROVED STATE DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREA.—The term ‘approved State designated health professional

shortage area’ means an area designated by the State as underserved using specific methodology and criteria to identify such areas. Such criteria and methodology shall be approved by the Secretary.

“(2) COMMUNITY ORGANIZATION.—The term ‘community organization’ means a public or nonprofit private entity.

“(3) PRIMARY HEALTH CARE.—The term ‘primary health care’ means health services regarding family medicine, general internal medicine, general pediatrics, or may include obstetrics and gynecology, that are provided by physicians, certified nurse practitioners, certified nurse midwives, or physician assistants.

“(4) STATE.—The term ‘State’ means each of the several States and the District of Columbia.”.

(e) COMMUNITY SCHOLARSHIP PROGRAMS.—Section 338L of the Public Health Service Act (42 U.S.C. 254t) is amended—

(1) in the section heading, by striking “**demonstration grants to states for**”;

(2) in subsection (a), by striking “health manpower shortage areas” and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”;

(3) in subsection (c)—

(A) in the matter preceding paragraph (1), by striking “health manpower shortage areas” and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”;

(B) in paragraph (2), by striking “health manpower shortage areas” and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”;

(4) in subsection (e)(1), by striking “health manpower shortage areas” and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”;

(5) in subsection (f)(1)(A), by striking “health manpower shortage areas” and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”;

(6) in subsection (g), by striking “health manpower shortage areas” each place that such appears and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”;

(7) by striking subsections (j) through (l).

SEC. 132. RESTRUCTURING AND TECHNICAL AMENDMENTS.

(a) REDESIGNATIONS.—Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254l et seq.) is amended—

(1) by redesignating sections 338J and 338K (42 U.S.C. 254s and 254t) as sections 338M and 338N, respectively;

(2) by redesignating sections 338C through 338H (42 U.S.C. 254m through 254q) as sections 338G through 338L, respectively;

(3) by redesignating section 338I (as such section exists one day prior to the date of enactment of this Act) (42 U.S.C. 254r) as section 338E;

(4) by redesignating section 338L (as such section exists one day prior to the date of enactment of this Act) (42 U.S.C. 254u) as section 338F;

(b) CONSOLIDATION OF CERTAIN PROGRAMS.—Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254l et seq.) (as amended by subsection (a)) is further amended—

(1) by striking the subpart heading and inserting the following:

“Subpart III—Federally Supported Scholarships and Loans

“CHAPTER 1—NATIONAL HEALTH SERVICE CORPS SCHOLARSHIPS PROGRAMS”;

(2) by redesignating section 338B as section 338C;

(3) by inserting before section 338C (as so redesignated) the following:

“CHAPTER 2—NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAMS

“Subchapter A—Loan Repayment Program”;

and
(4) by inserting after section 338C (as so redesignated) the following:

“Subchapter B—Nursing Loan Repayment Program”.

(c) TRANSFERS AND REDESIGNATIONS OF NURSING LOAN REPAYMENT PROGRAM.—Subpart II of part E of title VIII (42 U.S.C. 297n et seq.) (as so redesignated by section 123(3)) is amended—

(1) by striking the subpart heading;
(2) by transferring section 846 (42 U.S.C. 297n) to subchapter B of chapter 2 of subpart III of part D of title III (as added by subsection (b)(4)); and
(3) in section 846—

(A) by striking the section heading and inserting the following:

“SEC. 338D. NURSING LOAN REPAYMENT PROGRAM.”;

(B) by striking subsection (d); and
(C) by striking subsection (g).

(d) TRANSFERS AND REDESIGNATIONS OF STATE LOAN REPAYMENT AND COMMUNITY SCHOLARSHIP PROGRAMS.—Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254l et seq.) (as amended by subsections (a) through (c)) is further amended—

(1) by inserting after section 338D (as so transferred and redesignated by subsection (c)(3)) the following:

“CHAPTER 3—STATE LOAN REPAYMENT AND COMMUNITY SCHOLARSHIP PROGRAMS

“Subchapter A—State Loan Repayment Programs”;

(2) by transferring section 338E (as so redesignated by subsection (a)(3)) to subchapter A of chapter 3 of such subpart (as added by paragraph (1));

(3) by inserting after section 338E (as transferred by paragraph (2)) the following:

“Subchapter B—Community Scholarship Programs”;

(4) by transferring section 338F (as so redesignated by subsection (a)(4)) to subchapter B of chapter 3 of such subpart (as added by paragraph (3)); and

(5) by inserting after section 338F (as transferred by paragraph (4)) the following:

“CHAPTER 4—GENERAL PROVISIONS”.

(e) CLINICAL RESEARCHERS.—Paragraph (3) of section 487E(a) of the Public Health Service Act (42 U.S.C. 288-5(a)(3)) is amended to read as follows:

“(3) APPLICABILITY OF CERTAIN PROVISIONS REGARDING OBLIGATED SERVICE.—With respect to the National Health Service Corps loan repayment program established in subpart III of part D of title III, the provisions of such subpart shall, except as inconsistent with this section, apply to the program established in subsection (a) in the same manner and to the same extent as such provisions apply to the National Health Service Corps loan repayment programs.”.

SEC. 133. DEFINITION OF UNDERSERVED AREAS.

Section 332(a)(1) of the Public Health Service Act (42 U.S.C. 254e(a)(1)) is amended in the first sentence—

(1) by striking “, or (C)” and inserting “, (C)”;

(2) by inserting before the period the following: “, or (D) a State or local health department that has a severe shortage of public health personnel as determined under criteria established by the Secretary”.

SEC. 134. CONFORMING AMENDMENTS.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended—

(1) in subparagraphs (A) and (B) of section 303(d)(4) (42 U.S.C. 242a(d)(4)(A) and (B)), by

striking “338C or 338D” each place that such occurs and inserting “338G or 338H”;

(2) in section 331(c) (42 U.S.C. 254d(c)), by striking “338D” and inserting “338H”;

(3) in section 337(a) (42 U.S.C. 254j(a)), by striking “338C” and inserting “338K”;

(4) in 338A (42 U.S.C. 254l)—

(A) in subsection (c)(1)—
(i) in subparagraph (A), by striking “338D” and inserting “338I”;

(ii) in subparagraph (B), by striking “338C” and inserting “338H”;

(B) in subsection (f)(3), by striking “338D” and inserting “338I”;

(C) in subsection (i)(5)—

(i) in subparagraph (A), by striking “338E” and inserting “338I”;

(ii) in subparagraph (B)(ii), by striking “338E” and inserting “338I”;

(5) in section 338C (as so redesignated) (42 U.S.C. 254l)—

(A) in subsection (c)(1)—

(i) in subparagraph (A), by striking “338E” and inserting “338I”;

(ii) in subparagraph (B), by striking “338D” and inserting “338H”;

(B) in subsection (f)(1)(B)(iv), by striking “338D” and inserting “338H”;

(C) in subsection (f)(4), by striking “338E” and inserting “338I”;

(D) in subsection (i)(7)—

(i) in subparagraph (A), by striking “338E” and inserting “338I”;

(ii) in subparagraph (B)(ii), by striking “338E” and inserting “338I”;

(6) in section 338E(d)(1)(C) (as so redesignated by section 132), by striking “338J” and inserting “338M”;

(7) in section 338G (as so redesignated by section 132)—

(A) in subsection (a)—

(i) by striking “338D” and inserting “338H”;

(ii) by striking “338B” and inserting “338C”;

(B) in subsection (c)(2), by striking “338D” and inserting “338H”;

(8) in section 338H (as so redesignated by section 132)—

(A) in subsection (a), by striking “338C” and inserting “338G”;

(B) in subsection (c), by striking “338B” and inserting “338C”;

(9) in section 338I (as so redesignated by section 132)—

(A) in subsection (b)(1)(A)—

(i) by striking “338F” and inserting “338J”;

(ii) by striking “338C or 338D” and inserting “338G or 338H”;

(iii) by striking “338C” and inserting “338G”;

(iv) by striking “338D” and inserting “338H”;

(B) in subsection (c)(1)—

(i) by striking “338F” and inserting “338K”;

(ii) by striking “338B” and inserting “338C”;

(iii) by striking “338C or 338D” and inserting “338G or 338H”;

(10) in section 338J(b) (as so redesignated by section 132)—

(A) in paragraph (1)—

(i) by striking “338E” and inserting “338I”;

(ii) by striking “338B” and inserting “338C”;

(B) in paragraph (2), by striking “338I” and inserting “338E”;

(11) in section 338K (as so redesignated by section 132)—

(A) in subsection (a)(2), by striking “338D” and inserting “338H”;

(B) in subsection (d)(1), by striking “338E” and inserting “338I”;

(12) in section 338M(e)(1)(B)(ii)(III) (as so redesignated by section 132), by striking “338I” and inserting “338E”.

PART 2—SCHOOL-BASED REVOLVING LOAN FUNDS

SEC. 135. PRIMARY CARE LOAN PROGRAM.

(a) REQUIREMENT FOR SCHOOLS.—Section 723(b)(1) of the Public Health Service Act (42

U.S.C. 292s(b)(1)), as amended by section 2014(c)(2)(A)(ii) of Public Law 103-43 (107 Stat. 216), is amended by striking “3 years before” and inserting “4 years before”.

(b) SERVICE REQUIREMENT FOR PRIMARY CARE LOAN BORROWERS.—Section 723(a) of the Public Health Service Act (42 U.S.C. 292s(a)) is amended in subparagraph (B) of paragraph (1), by striking “through the date on which the loan is repaid in full” and inserting “for 5 years after completing the residency program”.

(c) REPORT REQUIREMENT.—Section 723 of the Public Health Service Act (42 U.S.C. 292s) is amended—

(1) by striking subsection (c); and

(2) by redesignating subsection (d) as subsection (c).

SEC. 136. LOANS FOR DISADVANTAGED STUDENTS.

(a) AUTHORIZATION OF APPROPRIATIONS.—Section 724(f)(1) of the Public Health Service Act (42 U.S.C. 292t(f)(1)) is amended by striking “\$15,000,000 for fiscal year 1993” and inserting “\$8,000,000 for each of the fiscal years 1996 through 1998”.

(b) REPEAL.—Effective October 1, 1998, paragraph (1) of section 724(f) of the Public Health Service Act (42 U.S.C. 292t(f)(1)) is repealed.

SEC. 137. STUDENT LOANS REGARDING SCHOOLS OF NURSING.

(a) IN GENERAL.—Section 836(b) of the Public Health Service Act (42 U.S.C. 297b(b)) is amended—

(1) in paragraph (1), by striking the period at the end and inserting a semicolon;

(2) in paragraph (2)—

(A) in subparagraph (A), by striking “and” at the end; and

(B) by inserting before the semicolon at the end the following: “, and (C) such additional periods under the terms of paragraph (8) of this subsection”;

(3) in paragraph (7), by striking the period at the end and inserting “; and”;

(4) by adding at the end the following paragraph:

“(8) pursuant to uniform criteria established by the Secretary, the repayment period established under paragraph (2) for any student borrower who during the repayment period failed to make consecutive payments and who, during the last 12 months of the repayment period, has made at least 12 consecutive payments may be extended for a period not to exceed 10 years.”.

(b) MINIMUM MONTHLY PAYMENTS.—Section 836(g) of the Public Health Service Act (42 U.S.C. 297b(g)) is amended by striking “\$15” and inserting “\$40”.

(c) ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.—

(1) IN GENERAL.—Section 836 of the Public Health Service Act (42 U.S.C. 297b) is amended by adding at the end the following new subsection:

“(1) ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.—

“(1) PURPOSE.—It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.

“(2) PROHIBITION.—Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school of nursing that has an agreement with the Secretary pursuant to section 835 that is seeking the repayment of the amount due from a borrower on a loan made under this subpart after the default of the borrower on such loan.”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall be effective with respect to actions pending on or after the date of enactment of this Act.

(d) **BREACH OF AGREEMENTS.**—Section 338D of the Public Health Service Act (as so redesignated and amended under section 132(c)) is amended by adding at the end thereof the following new subsection:

“(g) **BREACH OF AGREEMENT.**—

“(1) **IN GENERAL.**—In the case of any program under this section under which an individual makes an agreement to provide health services for a period of time in accordance with such program in consideration of receiving an award of Federal funds regarding education as a nurse (including an award for the repayment of loans), the following applies if the agreement provides that this subsection is applicable:

“(A) In the case of a program under this section that makes an award of Federal funds for attending an accredited program of nursing (in this section referred to as a ‘nursing program’), the individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—

“(i) fails to maintain an acceptable level of academic standing in the nursing program (as indicated by the program in accordance with requirements established by the Secretary);

“(ii) is dismissed from the nursing program for disciplinary reasons; or

“(iii) voluntarily terminates the nursing program.

“(B) The individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to provide health services in accordance with the program under this section for the period of time applicable under the program.

“(2) **WAIVER OR SUSPENSION OF LIABILITY.**—In the case of an individual or health facility making an agreement for purposes of paragraph (1), the Secretary shall provide for the waiver or suspension of liability under such subsection if compliance by the individual or the health facility, as the case may be, with the agreements involved is impossible, or would involve extreme hardship to the individual or facility, and if enforcement of the agreements with respect to the individual or facility would be unconscionable.

“(3) **DATE CERTAIN FOR RECOVERY.**—Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the 3-year period beginning on the date the United States becomes so entitled.

“(4) **AVAILABILITY.**—Amounts recovered under paragraph (1) with respect to a program under this section shall be available for the purposes of such program, and shall remain available for such purposes until expended.”

(e) **TECHNICAL AMENDMENTS.**—Section 839 of the Public Health Service Act (42 U.S.C. 297e) is amended—

(1) in subsection (a)—

(A) by striking the matter preceding paragraph (1) and inserting the following:

“(a) If a school terminates a loan fund established under an agreement pursuant to section 835(b), or if the Secretary for good cause terminates the agreement with the school, there shall be a capital distribution as follows:”; and

(B) in paragraph (1), by striking “at the close of September 30, 1999,” and inserting “on the date of termination of the fund”; and

(2) in subsection (b), to read as follows:

“(b) If a capital distribution is made under subsection (a), the school involved shall, after such capital distribution, pay to the Secretary, not less often than quarterly, the same proportionate share of amounts received by the school in payment of principal or interest on loans made from the loan fund established under section 835(b) as determined by the Secretary under subsection (a).”

SEC. 138. GENERAL PROVISIONS.

(a) **MAXIMUM STUDENT LOAN PROVISIONS AND MINIMUM PAYMENTS.**—

(1) **IN GENERAL.**—Section 722(a)(1) of the Public Health Service Act (42 U.S.C. 292r(a)(1)), as amended by section 2014(b)(1) of Public Law 103-43, is amended by striking “the sum of” and all that follows through the end thereof and inserting “the cost of attendance (including tuition, other reasonable educational expenses, and reasonable living costs) for that year at the educational institution attended by the student (as determined by such educational institution).”

(2) **THIRD AND FOURTH YEARS.**—Section 722(a)(2) of the Public Health Service Act (42 U.S.C. 292r(a)(2)), as amended by section 2014(b)(1) of Public Law 103-43, is amended by striking “the amount \$2,500” and all that follows through “including such \$2,500” and inserting “the amount of the loan may, in the case of the third or fourth year of a student at a school of medicine or osteopathic medicine, be increased to the extent necessary”.

(3) **REPAYMENT PERIOD.**—Section 722(c) of the Public Health Service Act (42 U.S.C. 292r(c)), as amended by section 2014(b)(1) of Public Law 103-43, is amended—

(A) in the subsection heading by striking “TEN-YEAR” and inserting “REPAYMENT”;

(B) by striking “ten-year period which begins” and inserting “period of not less than 10 years nor more than 25 years which begins”; and

(C) by striking “such ten-year period” and inserting “such period”.

(4) **MINIMUM PAYMENTS.**—Section 722(j) of the Public Health Service Act (42 U.S.C. 292r(j)), as amended by section 2014(b)(1) of Public Law 103-43, is amended by striking “\$15” and inserting “\$40”.

(b) **ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.**—

(1) **IN GENERAL.**—Section 722 of the Public Health Service Act (42 U.S.C. 292r), as amended by section 2014(b)(1) of Public Law 103-43, is amended by adding at the end the following new subsection:

“(m) **ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.**—

“(1) **PURPOSE.**—It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.

“(2) **PROHIBITION.**—Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school that has an agreement with the Secretary pursuant to section 721 that is seeking the repayment of the amount due from a borrower on a loan made under this subpart after the default of the borrower on such loan.”

(2) **EFFECTIVE DATE.**—The amendment made by paragraph (1) shall be effective with respect to actions pending on or after the date of enactment of this Act.

(c) **DATE CERTAIN FOR CONTRIBUTIONS.**—Paragraph (2) of section 735(e) of the Public Health Service Act (42 U.S.C. 292y(e)(2)) is amended to read as follows:

“(2) **DATE CERTAIN FOR CONTRIBUTIONS.**—Amounts described in paragraph (1) that are returned to the Secretary shall be obligated before the end of the succeeding fiscal year.”

PART 3—INSURED HEALTH EDUCATION ASSISTANCE LOANS TO GRADUATE STUDENTS

SEC. 141. HEALTH EDUCATION ASSISTANCE LOAN PROGRAM.

(a) **HEALTH EDUCATION ASSISTANCE LOAN DEFERMENT FOR BORROWERS PROVIDING HEALTH SERVICES TO INDIANS.**—

(1) **IN GENERAL.**—Section 705(a)(2)(C) of the Public Health Service Act (42 U.S.C. 292d(a)(2)(C)) is amended by striking “and (x)” and inserting “(x) not in excess of three years, during which the borrower is providing health care services to Indians through an Indian health program (as defined in section 108(a)(2)(A) of the Indian Health Care Improvement Act (25 U.S.C. 1616a(a)(2)(A)); and (xi)”.

(2) **CONFORMING AMENDMENTS.**—Section 705(a)(2)(C) of the Public Health Service Act (42 U.S.C. 292d(a)(2)(C)) is further amended—

(A) in clause (xi) (as so redesignated) by striking “(ix)” and inserting “(x)”; and

(B) in the matter following such clause (xi), by striking “(x)” and inserting “(xi)”.

(3) **EFFECTIVE DATE.**—The amendments made by this subsection shall apply with respect to services provided on or after the first day of the third month that begins after the date of the enactment of this Act.

(b) **REPORT REQUIREMENT.**—Section 709(b) of the Public Health Service Act (42 U.S.C. 292h(b)) is amended—

(1) in paragraph (4)(B), by adding “and” after the semicolon;

(2) in paragraph (5), by striking “; and” and inserting a period; and

(3) by striking paragraph (6).

(c) **COLLECTION FROM ESTATES.**—Section 714 of the Public Health Service Act (42 U.S.C. 292m) is amended by adding at the end the following new sentence: “Notwithstanding the first sentence, the Secretary may, in the case of a borrower who dies, collect any remaining unpaid balance owed to the lender, the holder of the loan, or the Federal Government from the borrower’s estate.”

SEC. 142. HEAL LENDER AND HOLDER PERFORMANCE STANDARDS.

(a) **GENERAL AMENDMENTS.**—Section 707(a) of the Public Health Service Act (42 U.S.C. 292f) is amended—

(1) by striking the last sentence;

(2) by striking “determined.” and inserting “determined, except that, if the insurance beneficiary including any servicer of the loan is not designated for ‘exceptional performance’, as set forth in paragraph (2), the Secretary shall pay to the beneficiary a sum equal to 98 percent of the amount of the loss sustained by the insured upon that loan.”;

(3) by striking “Upon” and inserting:

“(1) **IN GENERAL.**—Upon”; and

(4) by adding at the end the following new paragraph:

“(2) **EXCEPTIONAL PERFORMANCE.**—

“(A) **AUTHORITY.**—Where the Secretary determines that an eligible lender, holder, or servicer has a compliance performance rating that equals or exceeds 97 percent, the Secretary shall designate that eligible lender, holder, or servicer, as the case may be, for exceptional performance.

“(B) **COMPLIANCE PERFORMANCE RATING.**—For purposes of subparagraph (A), a compliance performance rating is determined with respect to compliance with due diligence in the disbursement, servicing, and collection of loans under this subpart for each year for which the determination is made. Such rating shall be equal to the percentage of all due diligence requirements applicable to each loan, on average, as established by the Secretary, with respect to loans serviced during the period by the eligible lender, holder, or servicer.

“(C) **ANNUAL AUDITS FOR LENDERS, HOLDERS, AND SERVICERS.**—Each eligible lender, holder, or servicer desiring a designation under subparagraph (A) shall have an annual financial and compliance audit conducted with respect to the loan portfolio of such eligible lender, holder, or servicer, by a qualified independent organization from a list of qualified organizations identified by the Secretary and in accordance with standards established by the Secretary. The standards shall measure the lender’s, holder’s, or servicer’s compliance with due diligence

standards and shall include a defined statistical sampling technique designed to measure the performance rating of the eligible lender, holder, or servicer for the purpose of this section. Each eligible lender, holder, or servicer shall submit the audit required by this section to the Secretary.

“(D) SECRETARY’S DETERMINATIONS.—The Secretary shall make the determination under subparagraph (A) based upon the audits submitted under this paragraph and any information in the possession of the Secretary or submitted by any other agency or office of the Federal Government.

“(E) QUARTERLY COMPLIANCE AUDIT.—To maintain its status as an exceptional performer, the lender, holder, or servicer shall undergo a quarterly compliance audit at the end of each quarter (other than the quarter in which status as an exceptional performer is established through a financial and compliance audit, as described in subparagraph (C)), and submit the results of such audit to the Secretary. The compliance audit shall review compliance with due diligence requirements for the period beginning on the day after the ending date of the previous audit, in accordance with standards determined by the Secretary.

“(F) REVOCATION AUTHORITY.—The Secretary shall revoke the designation of a lender, holder, or servicer under subparagraph (A) if any quarterly audit required under subparagraph (E) is not received by the Secretary by the date established by the Secretary or if the audit indicates the lender, holder, or servicer has failed to meet the standards for designation as an exceptional performer under subparagraph (A). A lender, holder, or servicer receiving a compliance audit not meeting the standard for designation as an exceptional performer may reapply for designation under subparagraph (A) at any time.

“(G) DOCUMENTATION.—Nothing in this section shall restrict or limit the authority of the Secretary to require the submission of claims documentation evidencing servicing performed on loans, except that the Secretary may not require exceptional performers to submit greater documentation than that required for lenders, holders, and servicers not designated under subparagraph (A).

“(H) COST OF AUDITS.—Each eligible lender, holder, or servicer shall pay for all the costs associated with the audits required under this section.

“(I) ADDITIONAL REVOCATION AUTHORITY.—Notwithstanding any other provision of this section, a designation under subparagraph (A) may be revoked at any time by the Secretary if the Secretary determines that the eligible lender, holder, or servicer has failed to maintain an overall level of compliance consistent with the audit submitted by the eligible lender, holder, or servicer under this paragraph or if the Secretary asserts that the lender, holder, or servicer may have engaged in fraud in securing designation under subparagraph (A) or is failing to service loans in accordance with program requirements.

“(J) NONCOMPLIANCE.—A lender, holder, or servicer designated under subparagraph (A) that fails to service loans or otherwise comply with applicable program regulations shall be considered in violation of the Federal False Claims Act.”

(b) DEFINITION.—Section 707(e) of the Public Health Service Act (42 U.S.C. 292f(e)) is amended by adding at the end the following new paragraph:

“(4) The term ‘servicer’ means any agency acting on behalf of the insurance beneficiary.”

(c) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) shall apply with respect to loans submitted to the Secretary for payment on or after the first day of the sixth month that begins after the date of enactment of this Act.

SEC. 143. REAUTHORIZATION.

(a) LOAN PROGRAM.—Section 702(a) of the Public Health Service Act (42 U.S.C. 292a(a)) is amended—

(1) by striking “1993” and inserting “1996”;

(2) by striking “1994” and inserting “1997”;

(3) by striking “fiscal year 1995” and inserting “each of the fiscal years 1998 and 1999”; and

(4) by striking “September 30, 1998” and inserting “September 20, 2002”.

(b) INSURANCE PROGRAM.—Section 710(a)(2)(B) of the Public Health Service Act (42 U.S.C. 292i(a)(2)(B)) is amended by striking “any of the fiscal years 1993 through 1996” and inserting “fiscal year 1993 and subsequent fiscal years”.

PART 4—SCHOLARSHIPS FOR DISADVANTAGED STUDENTS

SEC. 151. SCHOLARSHIPS FOR DISADVANTAGED STUDENTS.

Part B of title VII of the Public Health Service Act (as amended by section 101(a)) is further amended by adding at the end thereof the following new section:

“SEC. 740. SCHOLARSHIPS FOR DISADVANTAGED STUDENTS.

“(a) IN GENERAL.—The Secretary may make a grant to an eligible entity (as defined in subsection (f)(1)) under this section for the awarding of scholarships by schools to any full-time student who is an eligible individual as defined in subsection (f). Such scholarships may be expended only for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in the attendance of such school, and may not, for any year of such attendance for which the scholarship is provided, provide an amount exceeding the total amount required for the year.

“(b) PREFERENCE IN PROVIDING SCHOLARSHIPS.—The Secretary may not make a grant to an entity under subsection (a) unless the health professions and nursing schools involved agrees that, in providing scholarships pursuant to the grant, the school will give preference to students for whom the costs of attending the school would constitute a severe financial hardship and, notwithstanding other provisions of this section, to former recipients of scholarships under sections 736 and 740(d)(2)(B) (as such sections existed on the day before the date of enactment of this section).

“(c) AMOUNT OF AWARD.—In awarding grants to eligible entities that are health professions and nursing schools, the Secretary shall give priority to eligible entities based on the proportion of graduating students going into primary care, the proportion of minority students, and the proportion of graduates working in medically underserved areas.

“(d) MAXIMUM SCHOLARSHIP AWARD.—The maximum scholarship that an individual may receive in any year from an eligible entity that is a health professions and nursing schools shall be \$3000.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$32,000,000 for each of the fiscal years 1996 through 1999. Of the amount appropriated in any fiscal year, the Secretary shall ensure that not less than 16 percent shall be distributed to schools of nursing.

“(f) DEFINITIONS.—As used in this section:

“(1) ELIGIBLE ENTITIES.—The term ‘eligible entities’ means an entity that—

“(A) is a school of medicine, osteopathic medicine, dentistry, nursing (as defined in section 801), pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health, a school offering a graduate program in mental health practice, or an entity providing programs for the training of physician assistant; and

“(B) is carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups.

“(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible individual’ means an individual who—

“(A) is from a disadvantaged background;

“(B) has a financial need for a scholarship; and

“(C) is enrolled (or accepted for enrollment) at an eligible health profession or nursing school as a full-time student in a program leading to a degree in a health profession or nursing.”

TITLE II—OFFICE OF MINORITY HEALTH

SEC. 201. REVISION AND EXTENSION OF PROGRAMS OF OFFICE OF MINORITY HEALTH.

(a) IN GENERAL.—Section 1707 of the Public Health Service Act (42 U.S.C. 300u-6) is amended by striking subsection (b) and all that follows and inserting the following:

“(b) DUTIES.—With respect to improving the health of racial and ethnic minority groups, the Secretary, acting through the Deputy Assistant Secretary for Minority Health (in this section referred to as the ‘Deputy Assistant Secretary’), shall carry out the following:

“(1) Establish short-range and long-range goals and objectives and coordinate all other activities within the Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning such individuals. The heads of each of the agencies of the Service shall consult with the Deputy Assistant Secretary to ensure the coordination of such activities.

“(2) Carry out the following types of activities by entering into interagency agreements with other agencies of the Public Health Service:

“(A) Support research, demonstrations and evaluations to test new and innovative models.

“(B) Increase knowledge and understanding of health risk factors.

“(C) Develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including individuals who are members of racial or ethnic minority groups.

“(D) Ensure that the National Center for Health Statistics collects data on the health status of each minority group.

“(E) With respect to individuals who lack proficiency in speaking the English language, enter into contracts with public and nonprofit private providers of primary health services for the purpose of increasing the access of the individuals to such services by developing and carrying out programs to provide bilingual or interpretive services.

“(3) Support a national minority health resource center to carry out the following:

“(A) Facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care.

“(B) Facilitate access to such information.

“(C) Assist in the analysis of issues and problems relating to such matters.

“(D) Provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance).

“(4) Carry out programs to improve access to health care services for individuals with limited proficiency in speaking the English language by facilitating the removal of impediments to the receipt of health care that result from such limitation. Activities under the preceding sentence shall include conducting research and developing and evaluating model projects.

“(5) Not later than June 8 of each year, the heads of the Public Health Service agencies shall submit to the Deputy Assistant Secretary a report summarizing the minority health activities of each of the respective agencies.

“(c) ADVISORY COMMITTEE.—

“(1) IN GENERAL.—The Secretary shall establish an advisory committee to be known as the Advisory Committee on Minority Health (in this subsection referred to as the ‘Committee’). The Deputy Assistant Secretary shall consult with the Committee in carrying out this section.

“(2) DUTIES.—The Committee shall provide advice to the Deputy Assistant Secretary carrying out this section, including advice on the development of goals and specific program activities under paragraphs (1) and (2) of subsection (b) for each racial and ethnic minority group.

“(3) CHAIR.—The Deputy Assistant Secretary shall serve as the chair of the Committee.

“(4) COMPOSITION.—

“(A) The Committee shall be composed of 12 voting members appointed in accordance with subparagraph (B), and nonvoting, ex officio members designated in subparagraph (C).

“(B) The voting members of the Committee shall be appointed by the Secretary from among individuals who are not officers or employees of the Federal Government and who have expertise regarding issues of minority health. The racial and ethnic minority groups shall be equally represented among such members.

“(C) The nonvoting, ex officio members of the Committee shall be the directors of each of the minority health offices, and such additional officials of the Department of Health and Human Services as the Secretary determines to be appropriate.

“(5) TERMS.—Each member of the Committee shall serve for a term of 4 years, except that the Secretary shall initially appoint a portion of the members to terms of 1 year, 2 years, and 3 years.

“(6) VACANCIES.—If a vacancy occurs on the Committee, a new member shall be appointed by the Secretary within 90 days from the date that the vacancy occurs, and serve for the remainder of the term for which the predecessor of such member was appointed. The vacancy shall not affect the power of the remaining members to execute the duties of the Committee.

“(7) COMPENSATION.—Members of the Committee who are officers or employees of the United States shall serve without compensation. Members of the Committee who are not officers or employees of the United States shall receive compensation, for each day (including travel time) they are engaged in the performance of the functions of the Committee. Such compensation may not be in an amount in excess of the daily equivalent of the annual maximum rate of basic pay payable under the General Schedule (under title 5, United States Code) for positions above GS-15.

“(d) CERTAIN REQUIREMENTS REGARDING DUTIES.—

“(1) RECOMMENDATIONS REGARDING LANGUAGE AS IMPEDIMENT TO HEALTH CARE.—The Deputy Assistant Secretary for Minority Health shall consult with the Director of the Office of Refugee Health, the Director of the Office of Civil Rights, and the Director of the Office of Minority Health of the Health Resources and Services Administration, and other appropriate offices, regarding recommendations for carrying out activities under subsection (b) (4).

“(2) EQUITABLE ALLOCATION REGARDING ACTIVITIES.—

“(A) In making awards of grants, cooperative agreements, or contracts under this section or section 338A, 338B, 340A, 404, or 724, or part B of title VII, the Secretary, acting as appropriate through the Deputy Assistant Secretary or the Administrator of the Health Resources and Services Administration, shall ensure that such awards are equitably allocated with respect to the various racial and minority populations.

“(B) With respect to grants, cooperative agreements, and contracts that are available under the sections specified in subparagraph (A), the Secretary shall—

“(i) carry out activities to inform entities, as appropriate, that the entities may be eligible for awards of such assistance;

“(ii) provide technical assistance to such entities in the process of preparing and submitting applications for the awards in accordance with the policies of the Secretary regarding such application; and

“(iii) inform populations, as appropriate, that members of the populations may be eligible to re-

ceive services or otherwise participate in the activities carried out with such awards.

“(3) CULTURAL COMPETENCY OF SERVICES.—The Secretary shall ensure that information and services provided pursuant to subsection (b) are provided in the language, educational, and cultural context that is most appropriate for the individuals for whom the information and services are intended.

“(e) GRANTS AND CONTRACTS REGARDING DUTIES.—

“(1) IN GENERAL.—In carrying out subsection (b), the Deputy Assistant Secretary may make awards of grants, cooperative agreements, and contracts to public and nonprofit private entities.

“(2) PROCESS FOR MAKING AWARDS.—The Deputy Assistant Secretary shall ensure that awards under paragraph (1) are made only on a competitive basis, and that a grant is awarded for a proposal only if the proposal has been recommended for such an award through a process of peer review and has been so recommended by the advisory committee established under subsection (c).

“(3) EVALUATION AND DISSEMINATION.—The Deputy Assistant Secretary, directly or through contracts with public and private entities, shall provide for evaluations of projects carried out with awards made under paragraph (1) during the preceding 2 fiscal years. The report shall be included in the report required under subsection (f) for the fiscal year involved.

“(f) BIENNIAL REPORTS.—Not later than February 1 of fiscal year 1996 and of each second year thereafter, the Deputy Assistant Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the activities carried out under this section during the preceding 2 fiscal years and evaluating the extent to which such activities have been effective in improving the health of racial and ethnic minority groups. Each such report shall include the biennial reports submitted to the Deputy Assistant Secretary under section 201(b)(5) for such years by the heads of the Public Health Service agencies.

“(g) DEFINITION.—For purposes of this section:

“(1) The term ‘racial and ethnic minority group’ means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans and Pacific Islanders; Blacks; and Hispanics.

“(2) The term ‘Hispanic’ means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

“(h) FUNDING.—For the purpose of carrying out this section, there are authorized to be appropriated \$21,000,000 for fiscal year 1996, such sums as may be necessary for each of the fiscal years 1997 and 1998, and \$19,000,000 for fiscal year 1999.”

(b) MISCELLANEOUS AMENDMENT.—Section 1707 of the Public Health Service Act (42 U.S.C. 300u-6) is amended in the heading for the section by striking “ESTABLISHMENT OF”.

TITLE III—SELECTED INITIATIVES

SEC. 301. PROGRAMS REGARDING BIRTH DEFECTS.

Section 317C of the Public Health Service Act (42 U.S.C. 247b-4) is amended to read as follows:

“PROGRAMS REGARDING BIRTH DEFECTS

“SEC. 317C. (a) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out programs—

“(1) to collect, analyze, and make available data on birth defects (in a manner that facilitates compliance with subsection (d)(2)), including data on the causes of such defects and on the incidence and prevalence of such defects; and

“(2) to operate regional centers for the conduct of applied epidemiological research on the prevention of such defects.

“(b) ADDITIONAL PROVISIONS REGARDING COLLECTION OF DATA.—

“(1) IN GENERAL.—In carrying out subsection (a)(1), the Secretary—

“(A) shall collect and analyze data by gender and by racial and ethnic group, including Hispanics, non-Hispanic whites, Blacks, Native Americans, Asian Americans, and Pacific Islanders;

“(B) shall collect data under subparagraph (A) from birth certificates, death certificates, hospital records, and such other sources as the Secretary determines to be appropriate; and

“(C) shall encourage States to establish or improve programs for the collection and analysis of epidemiological data on birth defects, and to make the data available.

“(2) NATIONAL CLEARINGHOUSE.—In carrying out subsection (a)(1), the Secretary shall establish and maintain a National Information Clearinghouse on Birth Defects to collect and disseminate to health professionals and the general public information on birth defects, including the prevention of such defects.

“(c) GRANTS AND CONTRACTS.—

“(1) IN GENERAL.—In carrying out subsection (a), the Secretary may make grants to and enter into contracts with public and nonprofit private entities.

“(2) SUPPLIES AND SERVICES IN LIEU OF AWARD FUNDS.—

“(A) Upon the request of a recipient of an award of a grant or contract under paragraph (1), the Secretary may, subject to subparagraph (B), provide supplies, equipment, and services for the purpose of aiding the recipient in carrying out the purposes for which the award is made and, for such purposes, may detail to the recipient any officer or employee of the Department of Health and Human Services.

“(B) With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of payments under the award involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

“(3) APPLICATION FOR AWARD.—The Secretary may make an award of a grant or contract under paragraph (1) only if an application for the award is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out the purposes for which the award is to be made.

“(d) BIENNIAL REPORT.—Not later than February 1 of fiscal year 1997 and of every second such year thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report that, with respect to the preceding 2 fiscal years—

“(1) contains information regarding the incidence and prevalence of birth defects and the extent to which birth defects have contributed to the incidence and prevalence of infant mortality;

“(2) contains information under paragraph (1) that is specific to various racial and ethnic groups (including Hispanics, non-Hispanic whites, Blacks, Native Americans, and Asian Americans);

“(3) contains an assessment of the extent to which various approaches of preventing birth defects have been effective;

“(4) describes the activities carried out under this section; and

“(5) contains any recommendations of the Secretary regarding this section.”

SEC. 302. TRAUMATIC BRAIN INJURY.

(a) PROGRAMS OF NATIONAL INSTITUTES OF HEALTH.—Section 1261 of the Public Health Service Act (42 U.S.C. 300d-61) is amended—

(1) in subsection (d)—

(A) in paragraph (2), by striking “and” after the semicolon at the end;

(B) in paragraph (3), by striking the period and inserting “; and”; and

(C) by adding at the end the following paragraph:

“(4) the authority to make awards of grants or contracts to public or nonprofit private entities for the conduct of basic and applied research regarding traumatic brain injury, which research may include—

“(A) the development of new methods and modalities for the more effective diagnosis, measurement of degree of injury, post-injury monitoring and prognostic assessment of head injury for acute, subacute and later phases of care;

“(B) the development, modification and evaluation of therapies that retard, prevent or reverse brain damage after acute head injury, that arrest further deterioration following injury and that provide the restitution of function for individuals with long-term injuries;

“(C) the development of research on a continuum of care from acute care through rehabilitation, designed, to the extent practicable, to integrate rehabilitation and long-term outcome evaluation with acute care research; and

“(D) the development of programs that increase the participation of academic centers of excellence in head injury treatment and rehabilitation research and training.”; and

(2) in subsection (h), by adding at the end the following paragraph:

“(4) The term ‘traumatic brain injury’ means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning.”.

(b) PROGRAMS OF HEALTH RESOURCES AND SERVICES ADMINISTRATION.—Part E of title XII of the Public Health Service Act (42 U.S.C. 300d-51 et seq.) is amended by adding at the end the following new section:

“SEC. 1252. STATE GRANTS FOR DEMONSTRATION PROJECTS REGARDING TRAUMATIC BRAIN INJURY.

“(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for the purpose of carrying out demonstration projects to improve the availability of health services regarding traumatic brain injury.

“(b) STATE ADVISORY BOARD.—

“(1) IN GENERAL.—The Secretary may make a grant under subsection (a) only if the State involved agrees to establish an advisory board within the appropriate health department of the State or within another department as designated by the chief executive officer of the State.

“(2) FUNCTIONS.—An advisory board established under paragraph (1) shall be cognizant of findings and concerns of Federal, State and local agencies, citizens groups, and private industry (such as insurance, health care, automobile, and other industry entities). Such advisory boards shall encourage citizen participation through the establishment of public hearings and other types of community outreach programs.

“(3) COMPOSITION.—An advisory board established under paragraph (1) shall be composed of—

“(A) representatives of—

“(i) the corresponding State agencies involved;

“(ii) public and nonprofit private health related organizations;

“(iii) other disability advisory or planning groups within the State;

“(iv) members of an organization or foundation representing traumatic brain injury survivors in that State; and

“(v) injury control programs at the State or local level if such programs exist; and

“(B) a substantial number of individuals who are survivors of traumatic brain injury, or the family members of such individuals.

“(C) MATCHING FUNDS.—

“(1) IN GENERAL.—With respect to the costs to be incurred by a State in carrying out the purpose described in subsection (a), the Secretary may make a grant under such subsection only if the State agrees to make available, in cash, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$2 of Federal funds provided under the grant.

“(2) DETERMINATION OF AMOUNT CONTRIBUTED.—In determining the amount of non-Federal contributions in cash that a State has provided pursuant to paragraph (1), the Secretary may not include any amounts provided to the State by the Federal Government.

“(d) APPLICATION FOR GRANT.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

“(e) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding traumatic brain injury.

“(f) REPORT.—Not later than 2 years after the date of enactment of this section, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings and results of the programs established under this section, including measures of outcomes and consumer and surrogate satisfaction.

“(g) DEFINITION.—For purposes of this section, the term ‘traumatic brain injury’ means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning.

“(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$5,000,000 for fiscal year 1995, and such sums as may be necessary for each of the fiscal years 1996 and 1997.”.

(c) STUDY; CONSENSUS CONFERENCE.—

(1) STUDY.—

(A) IN GENERAL.—The Secretary of Health and Human Services (in this subsection referred to as the “Secretary”), acting through the appropriate agencies of the Public Health Service, shall conduct a study for the purpose of carrying out the following with respect to traumatic brain injury:

(i) In collaboration with appropriate State and local health-related agencies—

(I) determine the incidence and prevalence of traumatic brain injury; and

(II) develop a uniform reporting system under which States report incidence of traumatic brain injury, if the Secretary determines that such a system is appropriate.

(ii) Identify common therapeutic interventions which are used for the rehabilitation of individuals with such injuries, and shall, subject to the availability of information, include an analysis of—

(I) the effectiveness of each such intervention in improving the functioning of individuals with brain injuries;

(II) the comparative effectiveness of interventions employed in the course of rehabilitation of individuals with brain injuries to achieve the same or similar clinical outcome; and

(III) the adequacy of existing measures of outcomes and knowledge of factors influencing differential outcomes.

(iii) Develop practice guidelines for the rehabilitation of traumatic brain injury at such time as appropriate scientific research becomes available.

(B) DATES CERTAIN FOR REPORTS.—

(i) Not later than 18 months after the date of enactment of this Act, the Secretary shall submit to the Committee on Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings made as a result of carrying out subparagraph (A)(i).

(ii) Not later than 3 years after the date of enactment of this Act, the Secretary shall submit to the Committees specified in clause (i) a report describing the findings made as a result of carrying out clauses (ii) and (iii) of subparagraph (A).

(2) CONSENSUS CONFERENCE.—The Secretary, acting through the Director of the National Center for Medical Rehabilitation Research within the National Institute for Child Health and Human Development, shall conduct a national consensus conference on managing traumatic brain injury and related rehabilitation concerns.

(3) DEFINITION.—For purposes of this subsection, the term “traumatic brain injury” means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning.

SEC. 303. STATE OFFICES OF RURAL HEALTH.

(a) IN GENERAL.—Section 338M of the Public Health Service Act (as so redesignated by section 132) is amended—

(1) in subsection (b)(1), in the matter preceding subparagraph (A), by striking “in cash”; and

(2) in subsection (j)(1)—

(A) by striking “and” after “1992.”; and

(B) by inserting before the period the following: “, and such sums as may be necessary for each of the fiscal years 1996 through 1997”; and

(3) in subsection (k), by striking “\$10,000,000” and inserting “\$20,000,000”.

(b) REPEAL.—Effective on October 1, 1997, section 338M of the Public Health Service Act (as so redesignated by section 132) is repealed.

SEC. 304. HEALTH SERVICES FOR PACIFIC ISLANDERS.

Section 10 of the Disadvantaged Minority Health Improvement Act of 1990 (42 U.S.C. 254c-1) is amended—

(1) in subsection (b)—

(A) in paragraph (2)—

(i) by inserting “, substance abuse” after “availability of health”; and

(ii) by striking “, including improved health data systems”;

(B) in paragraph (3)—

(i) by striking “manpower” and inserting “care providers”; and

(ii) by striking “by—” and all that follows through the end thereof and inserting a semicolon;

(C) by striking paragraphs (5) and (6);

(D) by redesignating paragraphs (7), and (8) as paragraphs (5) and (6), respectively;

(E) in paragraph (5) (as so redesignated), by striking “and” at the end thereof;

(F) in paragraph (6) (as so redesignated), by striking the period and inserting a semicolon; and

(G) by inserting after paragraph (6) (as so redesignated), the following new paragraphs:

“(7) to provide primary health care, preventive health care, and related training to American Samoan health care professionals; and

“(8) to improve access to health promotion and disease prevention services for rural American Samoa.”;

(2) in subsection (f)—

(A) by striking “there is” and inserting “there are”; and

(B) by striking “\$10,000,000” and all that follows through “1993” and inserting “\$3,000,000 for fiscal year 1995, \$4,000,000 for fiscal year 1996, and \$5,000,000 for fiscal year 1997”; and

(3) by adding at the end thereof the following new subsection:

“(g) STUDY AND REPORT.—

“(1) STUDY.—Not later than 180 days after the date of enactment of this subsection, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall enter into a contract with a public or nonprofit private entity for the conduct of a study to determine the effectiveness of projects funded under this section.

“(2) REPORT.—Not later than July 1, 1996, the Secretary shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives a report describing the findings made with respect to the study conducted under paragraph (1).”.

SEC. 305. DEMONSTRATION PROJECTS REGARDING ALZHEIMER'S DISEASE.

(a) IN GENERAL.—Section 398(a) of the Public Health Service Act (42 U.S.C. 280c-3(a)) is amended—

(1) in the matter preceding paragraph (1), by striking “not less than 5, and not more than 15.”;

(2) in paragraph (2)—

(A) by inserting after “disorders” the following: “who are living in single family homes or in congregate settings”; and

(B) by striking “and” at the end;

(3) by redesignating paragraph (3) as paragraph (4); and

(4) by inserting after paragraph (2) the following:

“(3) to improve the access of such individuals to home-based or community-based long-term care services (subject to the services being provided by entities that were providing such services in the State involved as of October 1, 1995), particularly such individuals who are members of racial or ethnic minority groups, who have limited proficiency in speaking the English language, or who live in rural areas; and”.

(b) DURATION.—Section 398A of the Public Health Service Act (42 U.S.C. 280c-4) is amended—

(1) in the heading for the section, by striking “LIMITATION” and all that follows and inserting “REQUIREMENT OF MATCHING FUNDS”;

(2) by striking subsection (a);

(3) by redesignating subsections (b) and (c) as subsections (a) and (b), respectively;

(4) in subsection (a) (as so redesignated), in each of paragraphs (1)(C) and (2)(C), by striking “third year” and inserting “third or subsequent year”.

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 398B(e) of the Public Health Service Act (42 U.S.C. 280c-5(e)) is amended by striking “and 1993” and inserting “through 1998”.

TITLE IV—MISCELLANEOUS PROVISIONS

SEC. 401. TECHNICAL CORRECTIONS REGARDING PUBLIC LAW 103-183.

(a) AMENDATORY INSTRUCTIONS.—Public Law 103-183 is amended—

(1) in section 601—

(A) in subsection (b), in the matter preceding paragraph (1), by striking “Section 1201 of the Public Health Service Act (42 U.S.C. 300d)” and inserting “Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.)”; and

(B) in subsection (f)(1), by striking “in section 1204(c)” and inserting “in section 1203(c) (as redesignated by subsection (b)(2) of this section)”;

(2) in section 602, by striking “for the purpose” and inserting “For the purpose”; and

(3) in section 705(b), by striking “317D(l)(1)” and inserting “317D(l)(1)”.

(b) PUBLIC HEALTH SERVICE ACT.—The Public Health Service Act, as amended by Public Law 103-183 and by subsection (a) of this section, is amended—

(1) in section 317E(g)(2), by striking “making grants under subsection (b)” and inserting “carrying out subsection (b)”;

(2) in section 318, in subsection (e) as in effect on the day before the date of the enactment of

Public Law 103-183, by redesignating the subsection as subsection (f);

(3) in subpart 6 of part C of title IV—

(A) by transferring the first section 447 (added by section 302 of Public Law 103-183) from the current placement of the section;

(B) by redesignating the section as section 447A; and

(C) by inserting the section after section 447;

(4) in section 1213(a)(8), by striking “provides for” and inserting “provides for”;

(5) in section 1501, by redesignating the second subsection (c) (added by section 101(f) of Public Law 103-183) as subsection (d); and

(6) in section 1505(3), by striking “nonprivate” and inserting “private”.

(c) MISCELLANEOUS CORRECTION.—Section 401(c)(3) of Public Law 103-183 is amended in the matter preceding subparagraph (A) by striking “(d)(5)” and inserting “(e)(5)”.

(d) EFFECTIVE DATE.—This section is deemed to have taken effect immediately after the enactment of Public Law 103-183.

SEC. 402. CERTAIN AUTHORITIES OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) IN GENERAL.—Part B of title III of the Public Health Service Act is amended by inserting after section 317H the following section:

“MISCELLANEOUS AUTHORITIES REGARDING CENTERS FOR DISEASE CONTROL AND PREVENTION

“SEC. 317I. (a) TECHNICAL AND SCIENTIFIC PEER REVIEW GROUPS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, establish such technical and scientific peer review groups and scientific program advisory committees as are needed to carry out the functions of such Centers and appoint and pay the members of such groups, except that officers and employees of the United States shall not receive additional compensation for service as members of such groups. The Federal Advisory Committee Act shall not apply to the duration of such peer review groups. Not more than one-fourth of the members of any such group shall be officers or employees of the United States.

(b) FELLOWSHIP AND TRAINING PROGRAMS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish fellowship and training programs to be conducted by such Centers to train individuals to develop skills in epidemiology, surveillance, laboratory analysis, and other disease detection and prevention methods. Such programs shall be designed to enable health professionals and health personnel trained under such programs to work, after receiving such training, in local, State, national, and international efforts toward the prevention and control of diseases, injuries, and disabilities. Such fellowships and training may be administered through the use of either appointment or nonappointment procedures.”.

(c) EFFECTIVE DATE.—This section is deemed to have taken effect July 1, 1995.

SEC. 403. ADMINISTRATION OF CERTAIN REQUIREMENTS.

(a) IN GENERAL.—Section 2004 of Public Law 103-43 (107 Stat. 209) is amended by striking subsection (a).

(b) CONFORMING AMENDMENTS.—Section 2004 of Public Law 103-43, as amended by subsection (a) of this section, is amended—

(1) by striking “(b) SENSE” and all that follows through “In the case” and inserting the following:

“(a) SENSE OF CONGRESS REGARDING PURCHASE OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.—In the case”;

(2) by striking “(2) NOTICE TO RECIPIENTS OF ASSISTANCE” and inserting the following:

“(b) NOTICE TO RECIPIENTS OF ASSISTANCE”;

and

(3) in subsection (b), as redesignated by paragraph (2) of this subsection, by striking “paragraph (1)” and inserting “subsection (a)”.

(c) EFFECTIVE DATE.—This section is deemed to have taken effect immediately after the enactment of Public Law 103-43.

SEC. 404. TECHNICAL CORRECTIONS RELATING TO HEALTH PROFESSIONS PROGRAMS.

Part G of title VII of the Public Health Service Act (42 U.S.C. 295j et seq.) is amended by inserting after section 794 the following section:

“SEC. 794A. RECOVERY.

“(a) IN GENERAL.—If at any time within 20 years (or within such shorter period as the Secretary may prescribe by regulation for an interim facility) after the completion of construction of a facility with respect to which funds have been paid under section 720(a) (as such section existed one day prior to the date of enactment of the Health Professions Education Extension Amendments of 1992 (Public Law 102-408))—

“(1)(A) in the case of a facility which was an affiliated hospital or outpatient facility with respect to which funds have been paid under such section 720(a)(1), the owner of the facility ceases to be a public or other nonprofit agency that would have been qualified to file an application under section 605;

“(B) in the case of a facility which was not an affiliated hospital or outpatient facility but was a facility with respect to which funds have been paid under paragraph (1) or (3) of such section 720(a), the owner of the facility ceases to be a public or nonprofit school; or

“(C) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(2) the facility ceases to be used for the teaching or training purposes (or other purposes permitted under section 722 (as such section existed one day prior to the date of enactment of the Health Professions Education Extension Amendments of 1992 (Public Law 102-408)) for which it was constructed, or

“(3) the facility is used for sectarian instruction or as a place for religious worship,

the United States shall be entitled to recover from the owner of the facility the base amount prescribed by subsection (c)(1) plus the interest (if any) prescribed by subsection (c)(2).

“(b) NOTICE.—The owner of a facility which ceases to be a public or nonprofit agency, school, or entity as described in subparagraph (A), (B), or (C) of subsection (a)(1), as the case may be, or the owner of a facility the use of which changes as described in paragraph (2) or (3) of subsection (a), shall provide the Secretary written notice of such cessation or change of use within 10 days after the date on which such cessation or change of use occurs or within 30 days after the date of enactment of this subsection, whichever is later.

“(c) AMOUNT.—

“(1) BASE AMOUNT.—The base amount that the United States is entitled to recover under subsection (a) is the amount bearing the same ratio to the then value (as determined by the agreement of the parties or in an action brought in the district court of the United States for the district in which the facility is situated) of the facility as the amount of the Federal participation bore to the cost of construction.

“(2) INTEREST.—

“(A) IN GENERAL.—The interest that the United States is entitled to recover under subsection (a) is the interest for the period (if any) described in subparagraph (B) at a rate (determined by the Secretary) based on the average of the bond equivalent rates of ninety-one-day Treasury bills auctioned during that period.

“(B) PERIOD.—The period referred to in subparagraph (A) is the period beginning—

“(1) in the case of a facility which was an affiliated hospital or outpatient facility with respect to which funds have been paid under such section 720(a)(1), the owner of the facility ceases to be a public or other nonprofit agency that would have been qualified to file an application under section 605;

“(2) in the case of a facility which was not an affiliated hospital or outpatient facility but was a facility with respect to which funds have been paid under paragraph (1) or (3) of such section 720(a), the owner of the facility ceases to be a public or nonprofit school; or

“(3) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(4) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(5) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(6) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(7) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(8) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(9) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(10) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(11) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(12) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(13) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(14) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(15) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(16) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(17) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(18) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(19) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(20) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(21) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(22) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(23) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(24) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(25) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(26) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(27) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(28) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(29) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(30) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(31) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(32) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(33) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(34) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(35) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(36) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(37) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(38) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(39) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

“(i) if notice is provided as prescribed by subsection (b), 191 days after the date on which the owner of the facility ceases to be a public or nonprofit agency, school, or entity as described in subparagraph (A), (B), or (C) of subsection (a)(1), as the case may be, or 191 days after the date on which the use of the facility changes as described in paragraph (2) or (3) of subsection (a); or

“(ii) if notice is not provided as prescribed by subsection (b), 11 days after the date on which such cessation or change of use occurs,

and ending on the date the amount the United States is entitled to recover is collected.

“(d) **WAIVER.**—The Secretary may waive the recovery rights of the United States under subsection (a)(2) with respect to a facility (under such conditions as the Secretary may establish by regulation) if the Secretary determines that there is good cause for waiving such rights.

“(e) **LIEN.**—The right of recovery of the United States under subsection (a) shall not, prior to judgment, constitute a lien on any facility.”

SEC. 405. CLINICAL TRAINEESHIPS.

Section 303(d)(1) of the Public Health Service Act (42 U.S.C. 242a(d)(1)) is amended by inserting “counseling,” after “family therapy.”

SEC. 406. CONSTRUCTION OF REGIONAL CENTERS FOR RESEARCH ON PRIMATES.

Section 481B(a) of the Public Health Service Act (42 U.S.C. 287a-3(a)) is amended by striking “\$5,000,000” and inserting “\$2,500,000”.

SEC. 407. REQUIRED CONSULTATION BY SECRETARY.

The Secretary of Health and Human Services, regarding the programs under parts B, C, D, and E of title VII, and parts B, C, and D of title VIII, of the Public Health Service Act, as amended by this Act, shall—

(1) publish in the Federal Register a general program description for the funding of awards under such parts;

(2) solicit and receive written and oral comments concerning such description, including the holding of a public forum at which interested individuals and groups may provide comment; and

(3) take into consideration information received under paragraph (2).

AMENDMENT NO. 5416

(Purpose: To make various modifications in the bill)

Mr. LOTT. Senator KASSEBAUM has an amendment at the desk, and I ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Mississippi [Mr. LOTT] for Mrs. KASSEBAUM, proposes an amendment numbered 5416.

The amendment is as follows:

On page 116, lines 18, and 19, strike “With” and all that follows through “the” and insert “The”.

On page 116, line 21, strike “such”.

On page 122, line 22, strike “,” and” and all that follows through “dentists” on line 24.

On page 126, strike lines 16 through 23.

On page 126, line 24, strike “(c)” and insert “(b)”.

On page 128, line 9, strike “(d)” and insert “(c)”.

On page 128, line 18, strike “(e)” and insert “(d)”.

On page 140, line 3, strike “tion” and insert “tions 747 and 750”.

On page 170, line 1, insert “dentistry,” after the comma.

On page 170, line 2, insert “dentists,” after the comma.

On page 196, strike lines 4 through 11, and insert the following:

(a) **LOAN PROGRAM.**—Section 702(a) of the Public Health Service Act (42 U.S.C. 292a(a)) is amended—

(1) by striking “\$350,000,000” and all that follows through “1995” and inserting “\$260,000,000 for fiscal year 1996, “\$160,000,000 for fiscal year 1997, and \$80,000,000 for fiscal year 1998”;

(2) by striking “obtained prior loans insured under this subpart” and inserting “obtained loans insured under this subpart in fiscal year 1996 or in prior fiscal years”;

(3) by adding at the end thereof the following new sentence: “The Secretary may establish guidelines and procedures that lenders must follow in distributing funds under this subpart.”

Beginning on page 212, strike line 10 and all that follows through line 14 on page 220.

On page 220, line 15, strike “303” and insert “302”.

On page 221, line 6, strike “304” and insert “303”.

On page 222, line 12, strike “305” and insert “304”.

Mr. LOTT. I ask unanimous consent the amendment be agreed to, the committee amendment be agreed to, the bill be deemed read the third time, passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be placed at the appropriate place in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment in the nature of a substitute, as amended, was agreed to.

The amendment (No. 5416) was agreed to.

The bill (S. 555), as amended, was deemed read for a third time and passed, as follows:

S. 555

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

(a) **SHORT TITLE.**—This Act may be cited as the “Health Professions Education Consolidation and Reauthorization Act of 1996”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title.

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

Subtitle A—Health Professions Education Programs

Sec. 101. Minority and disadvantaged health professions grant program.

Sec. 102. Training in family medicine, general internal medicine, general pediatrics, preventive medicine, physician assistants, and general dentistry.

Sec. 103. Enhanced health education and training.

Sec. 104. Health professions workforce development.

Sec. 105. General provisions.

Sec. 106. Preference in certain programs.

Sec. 107. Definitions.

Sec. 108. Savings provision.

Subtitle B—Nursing Education

Sec. 121. Short title.

Sec. 122. Purpose.

Sec. 123. Amendments to Public Health Service Act.

Sec. 124. Savings provision.

Subtitle C—Financial Assistance

PART I—NATIONAL HEALTH SERVICE CORPS FINANCIAL ASSISTANCE PROGRAMS

Sec. 131. General amendments with respect to federally supported loans.

Sec. 132. Restructuring and technical amendments.

Sec. 133. Definition of underserved areas.

Sec. 134. Conforming amendments.

PART 2—SCHOOL-BASED REVOLVING LOAN FUNDS

Sec. 135. Primary care loan program.

Sec. 136. Loans for disadvantaged students.

Sec. 137. Student loans regarding schools of nursing.

Sec. 138. General provisions.

PART 3—INSURED HEALTH EDUCATION ASSISTANCE LOANS TO GRADUATE STUDENTS

Sec. 141. Health education assistance loan program.

Sec. 142. HEAL lender and holder performance standards.

Sec. 143. Reauthorization.

PART 4—SCHOLARSHIPS FOR DISADVANTAGED STUDENTS

Sec. 151. Scholarships for disadvantaged students.

TITLE II—OFFICE OF MINORITY HEALTH
Sec. 201. Revision and extension of programs of Office of Minority Health.

TITLE III—SELECTED INITIATIVES

Sec. 301. Programs regarding birth defects.

Sec. 302. State offices of rural health.

Sec. 303. Health services for Pacific Islanders.

Sec. 304. Demonstration projects regarding Alzheimer’s Disease.

TITLE IV—MISCELLANEOUS PROVISIONS

Sec. 401. Technical corrections regarding Public Law 103-183.

Sec. 402. Certain authorities of Centers for Disease Control and Prevention.

Sec. 403. Administration of certain requirements.

Sec. 404. Technical corrections relating to health professions programs.

Sec. 405. Clinical traineeships.

Sec. 406. Construction of regional centers for research on primates.

Sec. 407. Required consultation by Secretary.

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

Subtitle A—Health Professions Education Programs

SEC. 101. MINORITY AND DISADVANTAGED HEALTH PROFESSIONS GRANT PROGRAM.

(a) **IN GENERAL.**—Part B of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.) is amended to read as follows:

“PART B—DISADVANTAGED HEALTH PROFESSIONS TRAINING

“SEC. 736. STATEMENT OF PURPOSE.

“(a) **IN GENERAL.**—The Secretary shall make grants to or enter into contracts with eligible entities for the purpose of establishing, enhancing, and expanding programs to increase the number and the quality of disadvantaged health professionals, particularly those who provide health services to disadvantaged populations or in medically underserved areas or rural areas.

“(b) **USE OF FUNDS.**—Amounts provided under a grant or contract awarded under this part may be used for costs of planning, developing, or operating centers of excellence in minority health professions education, programs for assisting individuals from disadvantaged backgrounds to enter a health profession, minority faculty development, minority faculty loan repayment or fellowships, trainee support, technical assistance, workforce analysis, and dissemination of information.

“(c) **CONSORTIUM.**—Schools within a consortium that applies for a grant or contract

under this part shall enter into an agreement to allocate the funds received under the grant or contract among such schools and expend such funds in accordance with the application for such grant or contract.

“SEC. 737. PREFERENCES.

“In awarding grants or contracts to eligible entities under this part, the Secretary shall give preference to—

“(1) projects that involve more than one health professions discipline or training institution and have an above average record of retention and graduation of individuals from disadvantaged backgrounds; and

“(2) centers of excellence at Historically Black Colleges and Universities (as defined in section 739) beginning in fiscal year 1999 and for each fiscal year thereafter.

“SEC. 738. AUTHORIZATION OF APPROPRIATION.

“(a) IN GENERAL.—There are authorized to be appropriated to carry out this part, \$51,000,000 for fiscal year 1996, and such sums as may be necessary for each of the fiscal years 1997 through 1999.

“(b) SET-ASIDE.—The Secretary shall set-aside \$12,000,000 of the amount appropriated under subsection (a) in each fiscal year for the purpose of making grants under section 736 to centers of excellence at certain Historically Black Colleges and Universities.

“(c) NO LIMITATION.—Nothing in this section shall be construed as limiting the centers of excellence referred to in subsection (b) to the set-aside amount, or to preclude such entities from competing for other grants under section 736.

“SEC. 739. DEFINITIONS.

“As used in this part:

“(1) CENTERS OF EXCELLENCE.—The term ‘centers of excellence’ means a health professions school that—

“(A)(i) has a significant number of minority individuals enrolled in the school, including individuals accepted for enrollment in the school;

“(ii) has been effective in assisting minority students of the school to complete the program of education and receive the degree involved;

“(iii) has been effective in recruiting minority individuals to attend the school and encouraging minority students of secondary educational institutions to attend the health professions school; and

“(iv) has made significant recruitment efforts to increase the number of minority individuals serving in faculty or administrative positions at the school; or

“(B) is a center of excellence at certain Historically Black Colleges and Universities.

“(2) CONSORTIUM.—The term ‘consortium’ means the designated eligible entity seeking a grant under this part and one or more schools of medicine, osteopathic medicine, dentistry, pharmacy, nursing, allied health, public health, or graduate programs in mental health practice.

“(3) ELIGIBLE ENTITIES.—The term ‘eligible entities’ means schools of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health or schools offering graduate programs in mental health practice, State or local governments, and other public or nonprofit private entities determined appropriate by the Secretary that submit to the Secretary an application.

“(4) HISTORICALLY BLACK COLLEGES AND UNIVERSITIES.—The term ‘Historically Black Colleges and Universities’ means a school described in section 799B(1) that has received a contract under section 788B for fiscal year 1987, as such section was in effect for such fiscal year.”

(b) REPEAL.—

(1) IN GENERAL.—Section 795 of the Public Health Service Act (42 U.S.C. 295n) is repealed.

(2) NONTERMINATION OF AUTHORITY.—The amendments made by this section shall not be construed to terminate agreements that, on the day before the date of enactment of this Act, are in effect pursuant to section 795 of the Public Health Service Act (42 U.S.C. 795) as such section existed on such date. Such agreements shall continue in effect in accordance with the terms of the agreements. With respect to compliance with such agreements, any period of practice as a provider of primary health services shall be counted towards the satisfaction of the requirement of practice pursuant to such section 795.

(c) CONFORMING AMENDMENTS.—Section 481A(c)(3)(D)(i) of the Public Health Service Act (42 U.S.C. 287a-2(c)(3)(D)(i)) is amended by striking “section 739” and inserting “part B of title VII”.

SEC. 102. TRAINING IN FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PREVENTIVE MEDICINE, PHYSICIAN ASSISTANTS, AND GENERAL DENTISTRY.

Part C of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.) is amended—

(1) in the part heading by striking “PRIMARY HEALTH CARE” and inserting “FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PREVENTIVE MEDICINE, PHYSICIAN ASSISTANTS, AND GENERAL DENTISTRY”;

(2) by repealing section 746 and sections 748 through 752 (42 U.S.C. 293j and 293l through 293p); and

(3) in section 747 (42 U.S.C. 293k)—

(A) by striking the section heading and inserting the following:

“SEC. 747. FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PREVENTIVE MEDICINE, GENERAL DENTISTRY, AND PHYSICIAN ASSISTANTS.”;

(B) in subsection (a)—

(i) in paragraph (1)—

(I) by inserting “, internal medicine, or pediatrics” after “family medicine”; and

(II) by inserting before the semicolon the following: “that emphasizes training for the practice of family medicine, general internal medicine, or general pediatrics (as defined by the Secretary)”;

(ii) in paragraph (2), by inserting “, general internal medicine, or general pediatrics” before the semicolon;

(iii) in paragraphs (3) and (4), by inserting “, general internal medicine (including geriatrics), or general pediatrics” after “family medicine”;

(iv) in paragraphs (3) and (4), by inserting “(including geriatrics)” after “family medicine”;

(v) in paragraph (3), by striking “and” at the end thereof;

(vi) in paragraph (4), by striking the period and inserting a semicolon; and

(vii) by adding at the end thereof the following new paragraphs:

“(5) to meet the costs of projects to plan, develop, and operate or maintain programs for the training of physician assistants (as defined in section 799B), and for the training of individuals who will teach in programs to provide such training;

“(6) to meet the costs of projects—

“(A) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine, that have available full-time faculty members with training and experience in the fields of preventive medicine; and

“(B) to provide financial assistance to residency trainees enrolled in such programs; and

“(7) to meet the costs of planning, developing, or operating programs, and to provide financial assistance to residents in such programs, that would lead to a significantly greater ratio of participating individuals in such programs eventually entering practice in general dentistry in rural and medically underserved communities compared to the current ratio of all dentists nationally practicing general dentistry in rural and medically underserved communities.

For purposes of paragraph (7), entities eligible for such grants or contracts shall include entities that have programs in dental schools, approved residency programs in the general practice of dentistry, or approved advanced education programs in the general practice of dentistry. The Secretary may only fund programs under such paragraph if such programs provide a significant amount of care for underserved populations and other high-risk groups.”;

(C) in paragraphs (1) and (2)(A) of subsection (b), by inserting “, general internal medicine, or general pediatrics” after “family medicine”;

(D) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively;

(E) by inserting after subsection (b), the following new subsection:

“(c) PRIORITY AND LIMITATION.—

“(1) PRIORITY.—With respect to programs for the training of interns or residents, the Secretary shall give priority in awarding grants under this section to qualified applicants that have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers, which enter and remain in primary care practice or general dentistry upon completion of their first period of training required to obtain initial board certification. Each program shall designate the primary care training or general dentistry positions that such program shall provide with grant funding to support and for which such program shall be held accountable regarding the primary care or general dentistry requirement set forth in this section.

“(2) LIMITATION.—With respect to programs for the training and education of medical students, the Secretary may only provide grants or contracts under this section to administrative units in general pediatrics or general internal medicine if a qualified administrative unit applicant demonstrates that its medical school has—

“(A) a mission statement that has a primary care medical education objective;

“(B) faculty role models and administrative units in primary care; and

“(C) required undergraduate ambulatory medical student clerkships in family medicine, internal medicine, and pediatrics.

Where a medical school does not have an administrative unit in family medicine, clerkships in family medicine shall not be required.”; and

(F) in subsection (e) (as so redesignated by subparagraph (D))—

(i) in paragraph (1), by striking “\$54,000,000” and all that follows and inserting “\$76,000,000 for fiscal year 1996, and such sums as may be necessary for each of the fiscal years 1997 through 1999.”; and

(ii) in paragraph (2)—

(I) by striking “20” and inserting “12”; and

(II) by inserting “for family medicine academic administrative units” after “under subsection (b)”.

SEC. 103. ENHANCED HEALTH EDUCATION AND TRAINING.

Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended to read as follows:

"PART D—AREA HEALTH EDUCATION CENTERS**"SEC. 750. AREA HEALTH EDUCATION CENTERS.**

"(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities for projects which —

"(1) improve the recruitment, distribution, supply, quality, utilization, and efficiency of personnel providing health services in urban and rural areas and to populations that have demonstrated serious unmet health care need;

"(2) encourage the regionalization of educational responsibilities of the health professions schools;

"(3) are designed to prepare, through field placements, preceptorships, the conduct of or affiliation with community-based primary care residency programs, agreements with community-based organizations for the delivery of education and training in the health professions, and other programs, individuals to effectively provide health services in health professional shortage areas;

"(4) conduct health professions education and training activities consistent with national and State priorities, including geriatrics;

"(5) encourage health promotion and disease prevention activities;

"(6) conduct interdisciplinary training and practice involving other health professionals;

"(7) conduct continuing education programs for health professionals or coordinate with such programs; and

"(8) address other areas as determined appropriate by the Secretary.

"(b) OTHER ELIGIBLE PROGRAMS.—

"(1) GERIATRIC EDUCATION CENTERS.—The Secretary shall award grants or contracts under this section for the establishment or operation of geriatric education centers.

"(2) PUBLIC HEALTH TRAINING CENTERS.—

"(A) IN GENERAL.—The Secretary shall award grants or contracts under this section for the operation of public health training centers.

"(B) ELIGIBLE ENTITIES.—A public health training center shall be an accredited school of public health, or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects that are in furtherance of the goals established by the Secretary for the year 2000 in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities.

"(C) CERTAIN REQUIREMENTS.—With respect to a public health training center, an award may not be made under subparagraph (A) unless the program agrees that it—

"(i) will establish or strengthen field placements for students in public or nonprofit private health agencies or organizations; and

"(ii) will involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities.

"(c) ELIGIBLE ENTITIES.—As used in this part, the term 'eligible entities' means schools of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health or schools offering graduate programs in mental health practice or physician assistant training programs, State or local governments, and other public or nonprofit private entities determined appro-

priate by the Secretary that submit to the Secretary an application.

"(d) GERIATRIC EDUCATION CENTERS.—A geriatric education center shall be an accredited health professions school or program that—

"(1) improves the training of health professionals in geriatrics, including geriatric residencies, traineeships, or fellowships;

"(2) develops and disseminates curricula relating to the treatment of the health problems of elderly individuals;

"(3) supports the training and retraining of faculty to provide instruction in geriatrics;

"(4) supports continuing education of health professionals who provide geriatric care; and

"(5) provides students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers.

"SEC. 751. AUTHORIZATION OF APPROPRIATIONS.

"There are authorized to be appropriated to carry out this part, \$43,000,000 for fiscal year 1996, such sums as may be necessary for each of the fiscal years 1997 and 1998, and \$29,000,000 for fiscal year 1999."

SEC. 104. HEALTH PROFESSIONS WORKFORCE DEVELOPMENT.

(a) IN GENERAL.—Part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.) is amended—

(1) in the part heading to read as follows:

"PART E—HEALTH PROFESSIONS WORKFORCE DEVELOPMENT";

(2) by redesignating section 776 (42 U.S.C. 294n) as section 761; and

(3) by striking sections 777 and 778 (42 U.S.C. 294o and 294p) and inserting the following new section:

"SEC. 762. HEALTH PROFESSIONS WORKFORCE DEVELOPMENT.

"(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities for projects to strengthen capacity for health professions education and practice.

"(b) ELIGIBLE APPLICANTS.—Applicants eligible to obtain funds under subsection (a) shall include schools of medicine, osteopathic medicine, dentistry, veterinary medicine, pharmacy, podiatric medicine, chiropractic medicine, optometry, public health, or allied health, graduate programs in mental health practice, physician assistant training programs, and other public and nonprofit private entities.

"(c) PRIORITY AREAS.—In awarding grants or contracts under subsection (a), the Secretary shall give priority to entities that will use amounts provided under such grants or contracts to enhance the education of health professionals for purposes of—

"(1) providing care for underserved populations and other high-risk groups;

"(2) increasing the number of individuals who are pursuing a course of study in a health professions field in which there is a severe shortage of health professionals;

"(3) conducting health professions research and data collection; and

"(4) carrying out other activities in areas determined appropriate by the Secretary.

"(d) AUTHORIZATION OF APPROPRIATIONS.—

"(1) IN GENERAL.—There are authorized to be appropriated to carry out this section, \$16,000,000 for fiscal year 1996, and such sums as may be necessary for each of the fiscal years 1997 through 1999.

"(2) RESERVATION.—Of the amounts appropriated under subsection (a) for a fiscal year, the Secretary shall reserve not less than \$2,000,000 for conducting health professions research and for carrying out data collection and analysis in accordance with section 792."

(b) HEALTH PROFESSIONS DATA.—The second sentence of section 792(a) of the Public

Health Service Act (42 U.S.C. 295k(a)) is amended—

(1) by striking "is authorized to" and inserting "shall"; and

(2) by inserting "clinical social workers," after "clinical psychologists."

(c) COUNCIL ON GRADUATE MEDICAL EDUCATION.—Section 301 of the Health Professions Education Extension Amendments of 1992 (Public Law 102-408) is amended—

(1) in subsection (j), by striking "1995" and inserting "1999";

(2) in subsection (k), by striking "1995" and inserting "1999";

(3) by adding at the end thereof the following new subsection:

"(l) FUNDING.—Amounts otherwise appropriated under this title may be utilized by the Secretary to support the activities of the Council."

(4) by transferring such section to part E of title VII of the Public Health Service Act (as amended by subsection (a));

(5) by redesignating such section as section 763; and

(6) by inserting such section after section 762.

SEC. 105. GENERAL PROVISIONS.

(a) IN GENERAL.—

(1) Part F of title VII of the Public Health Service Act (42 U.S.C. 295 et seq.) is repealed.

(2) Part G of title VII of the Public Health Service Act (42 U.S.C. 295j et seq.) is amended—

(A) by redesignating such part as part F;

(B) in section 791 (42 U.S.C. 295j)—

(i) by striking subsection (b); and

(ii) redesignating subsection (c) as subsection (b);

(C) by repealing section 793 (42 U.S.C. 295l);

(D) by repealing section 798;

(E) by redesignating section 799 as section 799B; and

(F) by inserting after section 794, the following new sections:

"SEC. 796. APPLICATION.

"(a) IN GENERAL.—To be eligible to receive a grant or contract under this title, an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section, at such time, in such manner, and containing such information as the Secretary may require.

"(b) PLAN.—An application submitted under this section shall contain the plan of the applicant for carrying out a project with amounts received under this title. Such plan shall be consistent with relevant Federal, State, or regional program plans.

"(c) PERFORMANCE OUTCOME STANDARDS.—An application submitted under this section shall contain a specification by the applicant entity of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant health workforce needs that the project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.

"(d) LINKAGES.—An application submitted under this section shall contain a description of the linkages with relevant educational and health care entities, including training programs for other health professionals as appropriate, that the project to be funded under the grant or contract will establish.

"SEC. 797. USE OF FUNDS.

"(a) IN GENERAL.—Amounts provided under a grant or contract awarded under this title may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reasonable living expenses during the period of training, technical assistance, workforce analysis, and dissemination of information,

as appropriate to meet recognized health workforce objectives, in accordance with this title.

“(b) MAINTENANCE OF EFFORT.—With respect to activities for which a grant awarded under this title is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.

“SEC. 798. MATCHING REQUIREMENT.

“The Secretary may require that an entity that applies for a grant or contract under this title provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. As determined by the Secretary, such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

“SEC. 799. GENERALLY APPLICABLE PROVISIONS.

“(a) AWARDING OF GRANTS AND CONTRACTS.—The Secretary shall ensure that grants and contracts under this title are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet health workforce goals and in accordance with this title. Contracts may be entered into under this title with public or private entities as may be necessary.

“(b) INFORMATION REQUIREMENTS.—Recipients of grants and contracts under this title shall meet information requirements as specified by the Secretary.

“(c) TRAINING PROGRAMS.—Training programs conducted with amounts received under this title shall meet applicable accreditation and quality standards.

“(d) DURATION OF ASSISTANCE.—

“(1) IN GENERAL.—Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this title, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.

“(2) LIMITATION.—In the case of an award to an entity of a grant, cooperative agreement, or contract under this title, paragraph (1) shall apply only to the extent not inconsistent with any other provision of this title that relates to the period during which payments may be made under the award.

“(e) PEER REVIEW REGARDING CERTAIN PROGRAMS.—Each application for a grant under this title, except any scholarship or loan program, including those under sections 701, 721, or 723, shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval. Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

“(f) PREFERENCE OR PRIORITY CONSIDERATIONS.—In considering a preference or priority for funding which is based on outcome

measures for an eligible entity under this title, the Secretary may also consider the future ability of the eligible entity to meet the outcome preference or priority through improvements in the eligible entity's program design.

“SEC. 799A. TECHNICAL ASSISTANCE.

“Funds appropriated under this title may be used by the Secretary to provide technical assistance in relation to any of the authorities under this title.”

SEC. 106. PREFERENCE IN CERTAIN PROGRAMS.

(a) IN GENERAL.—Section 791 of the Public Health Service Act (42 U.S.C. 295j), as amended by section 105(a)(2)(B), is further amended by adding at the end thereof the following subsection:

“(c) EXCEPTIONS FOR NEW PROGRAMS.—

“(1) IN GENERAL.—To permit new programs to compete equitably for funding under this section, those new programs that meet the criteria described in paragraph (3) shall qualify for a funding preference under this section.

“(2) DEFINITION.—As used in this subsection, the term ‘new program’ means any program that has graduated less than three classes. Upon graduating at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the general funding preferences described in subsection (a).

“(3) CRITERIA.—The criteria referred to in paragraph (1) are the following:

“(A) The mission statement of the program identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.

“(B) The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.

“(C) Substantial clinical training experience is required under the program in medically underserved communities.

“(D) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in medically underserved communities.

“(E) The entire program or a substantial portion of the program is physically located in a medically underserved community.

“(F) Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.

“(G) The program provides a placement mechanism for deploying graduates to medically underserved communities.”

(b) CONFORMING AMENDMENTS.—Section 791(a) of the Public Health Service Act (42 U.S.C. 295j(a)) is amended—

(1) in paragraph (1), by striking “sections 747” and all that follows through “767” and inserting “sections 747 and 750”; and

(2) in paragraph (2), by striking “under section 798(a)”.

SEC. 107. DEFINITIONS.

(a) PROFESSIONAL PSYCHOLOGY.—Section 799B(1)(B) of the Public Health Service Act (42 U.S.C. 295p(1)(B)) (as so redesignated by section 105(a)(2)(E)) is amended by striking “program in clinical psychology” and inserting “graduate programs in professional psychology”.

(b) MEDICALLY UNDERSERVED COMMUNITY.—Section 799B(6) of the Public Health Service Act (42 U.S.C. 295p(6)) (as so redesignated by section 105(a)(2)(E)) is amended—

(1) in subparagraph (B), by striking “or” at the end thereof;

(2) in subparagraph (C), by striking the period and inserting a semicolon; and

(3) by adding at the end the following new subparagraphs:

“(D) is a State or local health department that has a severe shortage of public health

personnel as determined under criteria established by the Secretary;

“(E) has ambulatory practice sites designated by State Governors as shortage areas or medically underserved communities for purposes of State scholarships or loan repayment or related programs; or

“(F) has practices or facilities in which not less than 50 percent of the patients are recipients of aid under title XIX of the Social Security Act or eligible and uninsured.”

(c) PROGRAMS FOR THE TRAINING OF PHYSICIAN ASSISTANTS.—Paragraph (3) of section 799B of the Public Health Service Act (42 U.S.C. 295p) (as so redesignated by section 105(a)(2)(E)) is amended to read as follows:

“(3) The term ‘program for the training of physician assistants’ means an educational program that—

“(A) has as its objective the education of individuals who will, upon completion of their studies in the program, be qualified to provide primary care under the supervision of a physician;

“(B) extends for at least one academic year and consists of—

“(i) supervised clinical practice; and

“(ii) at least four months (in the aggregate) of classroom instruction, directed toward preparing students to deliver health care;

“(C) has an enrollment of not less than eight students; and

“(D) trains students in primary care, disease prevention, health promotion, geriatric medicine, and home health care.”

SEC. 108. SAVINGS PROVISION.

In the case of any authority for making awards of grants or contracts that is terminated by the amendments made by this subtitle, the Secretary of Health and Human Services may, notwithstanding the termination of the authority, continue in effect any grant or contract made under the authority that is in effect on the day before the date of the enactment of this Act, subject to the duration of any such grant or contract not exceeding the period determined by the Secretary in first approving such financial assistance, or in approving the most recent request made (before the date of such enactment) for continuation of such assistance, as the case may be.

Subtitle B—Nursing Education

SEC. 121. SHORT TITLE.

This title may be cited as the “Nursing Education Consolidation and Reauthorization Act of 1996”.

SEC. 122. PURPOSE.

It is the purpose of this title to restructure the nurse education authorities of title VIII of the Public Health Service Act to permit a comprehensive, flexible, and effective approach to Federal support for nursing workforce development.

SEC. 123. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.

Title VIII of the Public Health Service Act (42 U.S.C. 296k et seq.) is amended—

(1) by striking the title heading and all that follows except for subparts II and III of part B and section 855; and inserting the following:

“TITLE VIII—NURSING WORKFORCE DEVELOPMENT”;

(2) by redesignating subpart III of part B as subpart II;

(3) in subpart II of part B, by striking the subpart heading and inserting the following:

“PART E—STUDENT LOANS

“Subpart I—General Program”;

(4) by striking section 837;

(5) by inserting after the title heading the following new parts:

"PART A—GENERAL PROVISIONS**"SEC. 801. DEFINITIONS.**

"As used in this title:

"(1) **ELIGIBLE ENTITIES.**—The term 'eligible entities' means schools of nursing, nursing centers, State or local governments, and other public or nonprofit private entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with section 802.

"(2) **SCHOOL OF NURSING.**—The term 'school of nursing' means a collegiate, associate degree, or diploma school of nursing in a State.

"(3) **COLLEGIATE SCHOOL OF NURSING.**—The term 'collegiate school of nursing' means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited.

"(4) **ASSOCIATE DEGREE SCHOOL OF NURSING.**—The term 'associate degree school of nursing' means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, or such unit, college, or university is accredited.

"(5) **DIPLOMA SCHOOL OF NURSING.**—The term 'diploma school of nursing' means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited.

"(6) **ACCREDITED.**—

"(A) **IN GENERAL.**—Except as provided in subparagraph (B), the term 'accredited' when applied to any program of nurse education means a program accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education. For the purpose of this paragraph, the Secretary of Education shall publish a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be reliable authority as to the quality of education offered.

"(B) **NEW PROGRAMS.**—A new school of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of this title if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such school.

"(7) **NONPROFIT.**—The term 'nonprofit' as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

"(8) **STATE.**—The term 'State' means a State, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, or the Trust Territory of the Pacific Islands.

"SEC. 802. APPLICATION.

"(a) **IN GENERAL.**—To be eligible to receive a grant or contract under this title, an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section, at such time, in such manner, and containing such information as the Secretary may require.

"(b) **PLAN.**—An application submitted under this section shall contain the plan of the applicant for carrying out a project with amounts received under this title. Such plan shall be consistent with relevant Federal, State, or regional program plans.

"(c) **PERFORMANCE OUTCOME STANDARDS.**—An application submitted under this section shall contain a specification by the applicant entity of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant national nursing needs that the project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.

"(d) **LINKAGES.**—An application submitted under this section shall contain a description of the linkages with relevant educational and health care entities, including training programs for other health professionals as appropriate, that the project to be funded under the grant or contract will establish.

"SEC. 803. USE OF FUNDS.

"(a) **IN GENERAL.**—Amounts provided under a grant or contract awarded under this title may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reasonable living expenses during the period of training, technical assistance, workforce analysis, and dissemination of information, as appropriate to meet recognized nursing objectives, in accordance with this title.

"(b) **MAINTENANCE OF EFFORT.**—With respect to activities for which a grant awarded under this title is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.

"SEC. 804. MATCHING REQUIREMENT.

"The Secretary may require that an entity that applies for a grant or contract under this title provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

"SEC. 805. PREFERENCE.

"In awarding grants or contracts under this title, the Secretary shall give preference to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

"SEC. 806. GENERALLY APPLICABLE PROVISIONS.

"(a) **AWARDING OF GRANTS AND CONTRACTS.**—The Secretary shall ensure that

grants and contracts under this title are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet national nursing service goals and in accordance with this title. Contracts may be entered into under this title with public or private entities as determined necessary by the Secretary.

"(b) **INFORMATION REQUIREMENTS.**—Recipients of grants and contracts under this title shall meet information requirements as specified by the Secretary.

"(c) **TRAINING PROGRAMS.**—Training programs conducted with amounts received under this title shall meet applicable accreditation and quality standards.

"(d) **DURATION OF ASSISTANCE.**—

"(1) **IN GENERAL.**—Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this title, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.

"(2) **LIMITATION.**—In the case of an award to an entity of a grant, cooperative agreement, or contract under this title, paragraph (1) shall apply only to the extent not inconsistent with any other provision of this title that relates to the period during which payments may be made under the award.

"(e) **PEER REVIEW REGARDING CERTAIN PROGRAMS.**—Each application for a grant under this title, except advanced nurse traineeship grants under section 811(a)(2), shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval. Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

"SEC. 807. NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE.

"(a) **ESTABLISHMENT.**—There is hereby established a National Advisory Council on Nurse Education and Practice (in this section referred to as the 'Council'), consisting of the Secretary or the delegate of the Secretary (who shall be an ex officio member and shall serve as the Chairperson), and 15 members appointed by the Secretary without regard to the Federal civil service laws, of which—

"(1) 2 shall be selected from full-time students enrolled in schools of nursing;

"(2) 3 shall be selected from the general public;

"(3) 2 shall be selected from practicing professional nurses; and

"(4) 8 shall be selected from among the leading authorities in the various fields of nursing, higher, and secondary education, and from representatives of hospitals and other institutions and organizations which provide nursing services.

A majority of the members shall be nurses. The student-members of the Council shall be appointed for terms of one year and shall be eligible for reappointment to the Council.

"(b) **DUTIES.**—The Council shall advise the Secretary in the preparation of general regulations and with respect to policy matters

arising in the administration of this title, including the range of issues relating to nurse supply, education and practice improvement.

“(c) FUNDING.—Amounts appropriated under this title may be utilized by the Secretary to support the nurse education and practice activities of the Council.

“SEC. 808. TECHNICAL ASSISTANCE.

“Funds appropriated under this title may be used by the Secretary to provide technical assistance in relation to any of the authorities under this title.

“SEC. 809. RECOVERY FOR CONSTRUCTION ASSISTANCE.

“(a) IN GENERAL.—If at any time within 20 years (or within such shorter period as the Secretary may prescribe by regulation for an interim facility) after the completion of construction of a facility with respect to which funds have been paid under subpart I of part A (as such subpart was in effect on September 30, 1985)—

“(1) the owner of the facility ceases to be a public or nonprofit school;

“(2) the facility ceases to be used for the training purposes for which it was constructed; or

“(3) the facility is used for sectarian instruction or as a place for religious worship, the United States shall be entitled to recover from the owner of the facility the base amount prescribed by subsection (c)(1) plus the interest (if any) prescribed by subsection (c)(2).

“(b) NOTICE OF CHANGE IN STATUS.—The owner of a facility which ceases to be a public or nonprofit school as described in paragraph (1) of subsection (a), or the owner of a facility the use of which changes as described in paragraph (2) or (3) of such subsection shall provide the Secretary written notice of such cessation or change of use within 10 days after the date on which such cessation or change of use occurs or within 30 days after the date of enactment of the Health Professions Training Assistance Act of 1985, whichever is later.

“(c) AMOUNT OF RECOVERY.—

“(1) BASE AMOUNT.—The base amount that the United States is entitled to recover under subsection (a) is the amount bearing the same ratio to the then value (as determined by the agreement of the parties or in an action brought in the district court of the United States for the district in which the facility is situated) of the facility as the amount of the Federal participation bore to the cost of the construction.

“(2) INTEREST.—

“(A) IN GENERAL.—The interest that the United States is entitled to recover under subsection (a) is the interest for the period (if any) described in subparagraph (B) at a rate (determined by the Secretary) based on the average of the bond equivalent rates of 91-day Treasury bills auctioned during such period.

“(B) TIME PERIOD.—The period referred to in subparagraph (A) is the period beginning—

“(i) if notice is provided as prescribed by subsection (b), 191 days after the date on which the owner of the facility ceases to be a public or nonprofit school as described in paragraph (1) of subsection (a), or 191 days after the date on which the use of the facility changes as described in paragraph (2) or (3) of such subsection; or

“(ii) if notice is not provided as prescribed by subsection (b), 11 days after the date on which such cessation or change of use occurs,

and ending on the date the amount the United States is entitled to recover is collected.

“(d) WAIVER OF RIGHTS.—The Secretary may waive the recovery rights of the United States under subsection (a)(2) with respect to a facility (under such conditions as the Sec-

retary may establish by regulation) if the Secretary determines that there is good cause for waiving such rights.

“(e) LIMITATION ON LIENS.—The right of recovery of the United States under subsection (a) shall not, prior to judgment, constitute a lien on any facility.

“PART B—NURSE PRACTITIONERS, NURSE MIDWIVES, AND OTHER ADVANCED PRACTICE NURSES

“SEC. 811. ADVANCED PRACTICE NURSING GRANTS.

“(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities to meet the costs of—

“(1) projects that support the enhancement of advanced practice nursing education and practice; and

“(2) traineeships for individuals in advanced practice nursing programs.

“(b) DEFINITION OF ADVANCED PRACTICE NURSES.—For purposes of this section, the term ‘advanced practice nurses’ means nurses trained in advanced degree programs including individuals in combined R.N./Master’s degree programs, post-nursing master’s certificate programs, or, in the case of nurse midwives or nurse anesthetists, in certificate programs in existence on the date that is one day prior to the date of enactment of this section, to serve as nurse practitioners, nurse midwives, nurse anesthetists, nurse educators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

“(c) AUTHORIZED NURSE PRACTITIONER AND NURSE-MIDWIFERY PROGRAMS.—Nurse practitioner and nurse midwifery programs eligible for support under this section are educational programs for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) that—

“(1) meet guidelines prescribed by the Secretary; and

“(2) have as their objective the education of nurses who will upon completion of their studies in such programs, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities and other health care institutions.

“(d) OTHER AUTHORIZED EDUCATIONAL PROGRAMS.—The Secretary shall prescribe guidelines as appropriate for other advanced practice nurse education programs eligible for support under this section.

“(e) TRAINEESHIPS.—

“(1) IN GENERAL.—The Secretary may not award a grant to an applicant under subsection (a) unless the applicant involved agrees that traineeships provided with the grant will only pay all or part of the costs of—

“(A) the tuition, books, and fees of the program of advanced nursing practice with respect to which the traineeship is provided; and

“(B) the reasonable living expenses of the individual during the period for which the traineeship is provided.

“(2) DOCTORAL PROGRAMS.—The Secretary may not obligate more than 10 percent of the traineeships under subsection (a) for individuals in doctorate degree programs.

“(3) SPECIAL CONSIDERATION.—In making awards of grants and contracts under subsection (a)(2), the Secretary shall give special consideration to an eligible entity that agrees to expend the award to train advanced practice nurses who will practice in health professional shortage areas designated under section 332.

“PART C—INCREASING NURSING WORKFORCE DIVERSITY

“SEC. 821. WORKFORCE DIVERSITY GRANTS.

“(a) IN GENERAL.—The Secretary may award grants to and enter into contracts

with eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) by providing student scholarships or stipends, pre-entry preparation, and retention activities.

“(b) GUIDANCE.—In carrying out subsection (a), the Secretary shall take into consideration the recommendations of the First and Second Involuntary Congresses for Minority Nurse Leaders on ‘Caring for the Emerging Majority,’ in 1992 and 1993, and consult with nursing associations including the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the Black Nurses Association, the Association of Hispanic Nurses, the Association of Asian American and Pacific Islander Nurses, the National Nurses Association, and the Native American Indian and Alaskan Nurses Association.

“(c) REQUIRED INFORMATION AND CONDITIONS FOR AWARD RECIPIENTS.—

“(1) IN GENERAL.—Recipients of awards under this section may be required, where requested, to report to the Secretary concerning the annual admission, retention, and graduation rates for ethnic and racial minorities in the school or schools involved in the projects.

“(2) FALLING RATES.—If any of the rates reported under paragraph (1) fall below the average of the two previous years, the grant or contract recipient shall provide the Secretary with plans for immediately improving such rates.

“(3) INELIGIBILITY.—A recipient described in paragraph (2) shall be ineligible for continued funding under this section if the plan of the recipient fails to improve the rates within the 1-year period beginning on the date such plan is implemented.

“PART D—STRENGTHENING CAPACITY FOR BASIC NURSE EDUCATION AND PRACTICE

“SEC. 831. BASIC NURSE EDUCATION AND PRACTICE GRANTS.

“(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities for projects to strengthen capacity for basic nurse education and practice.

“(b) PRIORITY AREAS.—In awarding grants or contracts under this section the Secretary shall give priority to entities that will use amounts provided under such a grant or contract to enhance the education mix and utilization of the basic nursing workforce by strengthening programs that provide basic nurse education for purposes of—

“(1) improving nursing services in schools and other community settings;

“(2) providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV-AIDS, substance abusers, homeless, and battered women;

“(3) providing managed care, quality improvement, and other skills needed under new systems of organized health care systems;

“(4) developing cultural competencies among nurses;

“(5) providing emergency health services;

“(6) promoting career mobility for nursing personnel in a variety of training settings and cross training or specialty training among diverse population groups; or

“(7) other priority areas as determined by the Secretary.

“PART F—AUTHORIZATION OF APPROPRIATIONS

“SEC. 841. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated to carry out sections 811, 821, and 831,

\$62,000,000 for fiscal year 1996, such sums as may be necessary in each of the fiscal years 1997 and 1998, and \$59,000,000 for fiscal year 1999.”; and

(6) by redesignating section 855 as section 810, and transferring such section so as to appear after section 809 (as added by the amendment made by paragraph (5)).

SEC. 124. SAVINGS PROVISION.

In the case of any authority for making awards of grants or contracts that is terminated by the amendment made by section 123, the Secretary of Health and Human Services may, notwithstanding the termination of the authority, continue in effect any grant or contract made under the authority that is in effect on the day before the date of the enactment of this Act, subject to the duration of any such grant or contract not exceeding the period determined by the Secretary in first approving such financial assistance, or in approving the most recent request made (before the date of such enactment) for continuation of such assistance, as the case may be.

Subtitle C—Financial Assistance

PART 1—NATIONAL HEALTH SERVICE CORPS FINANCIAL ASSISTANCE PROGRAMS

SEC. 131. GENERAL AMENDMENTS WITH RESPECT TO FEDERALLY SUPPORTED LOANS.

(a) **LOAN REPAYMENT PROGRAM.**—Section 338B of the Public Health Service Act (42 U.S.C. 2541-1) is amended—

(1) in subsection (a)—

(A) in the matter preceding paragraph (1), by inserting “and public health disease prevention and health promotion activities” before the dash; and

(B) in paragraph (1), by striking “and physician assistants” and inserting “physician assistants, and public health professionals”;

(2) in subsection (b)(1)—

(A) in subparagraph (A), by inserting “public health,” after “dentistry,”;

(B) in subparagraph (B), by inserting “public health,” after “dentistry,”; and

(C) in subparagraph (C), by inserting “public health,” after “dentistry,”;

(3) in subsection (c)(4)—

(A) in subparagraph (A), by inserting “and schools of public health” after “professions schools”;

(B) in subparagraph (B)(i)—

(i) by inserting “or public health professional” after “any health professional”; and

(ii) by inserting “or public health disease prevention and health promotion activities” before the period;

(C) in subparagraph (C)—

(i) by inserting “or public health disease prevention and health promotion activities,” after “primary health services,”;

(ii) by inserting “or public health professions” after “health professions”; and

(iii) by inserting “or public health professionals” after “health professionals” each place that such occurs;

(4) in subsection (f)(1)(B)(iv), by inserting “or public health disease prevention and health promotion activities” after “primary health services”;

(5) in subsection (g)(2)(A)(iii)—

(A) by inserting “or public health professional” after “the health professional”; and

(B) by inserting “or public health disease prevention and health promotion activities” after “primary health services”; and

(6) in subsection (i)(8), —

(A) by inserting “or public health professionals” after “health professionals”; and

(B) by inserting “or public health disease prevention and health promotion activities” after “primary health services”.

(b) **OBLIGATED SERVICE.**—Section 338C(b)(5) of the Public Health Service Act (42 U.S.C. 254m(b)(5)) is amended—

(1) in subparagraph (A), by inserting “public health,” after “dentistry,”; and

(2) in subparagraph (E)—

(A) in clause (ii), by inserting “public health,” after “dentistry,”; and

(B) in clause (iii), by inserting “public health,” after “dentistry,”.

(c) **AUTHORIZATION OF APPROPRIATIONS.**—Section 338H of the Public Health Service Act (42 U.S.C. 254q) is amended to read as follows:

“SEC. 338H. AUTHORIZATION OF APPROPRIATIONS.

“(a) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this subpart, there are authorized to be appropriated \$90,000,000 for fiscal year 1996 and such sums as may be necessary for each of the fiscal years 1997 through 2000.

“(b) **DISTRIBUTION OF AMOUNTS.**—The Secretary shall determine the most appropriate manner in which to allocate amounts appropriated under subsection (a) between the programs authorized in chapter 1, chapter 2, and chapter 3. In determining the manner in which to allocate such amounts, the Secretary shall give priority to funding State-based programs as appropriate under chapter 3. The Secretary shall distribute such amounts among the various programs in such chapters in a manner which furthers both Federal and State needs for health professionals in underserved areas.”.

(d) **GRANTS FOR LOAN REPAYMENT PROGRAM.**—Section 338I of the Public Health Service Act (42 U.S.C. 254q-1) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking “in health professional shortage areas” and inserting “or public health disease prevention and health promotion activities in Federal health professional shortage areas or approved State designated health professional shortage areas”; and

(B) in paragraph (2)—

(i) by inserting “or public health professionals” after “health professionals”; and

(ii) by striking “in health professional shortage areas” and inserting “or public health disease prevention and health promotion activities in Federal health professional shortage areas or approved State designated health professional shortage areas”;

(2) in subsection (c)—

(A) in paragraph (1)—

(i) in the paragraph heading, by striking “FEDERAL” and inserting “FEDERAL OR APPROVED STATE”; and

(ii) by inserting before the period the following: “or approved State designated health professional shortage areas”;

(B) in paragraph (2), by inserting “or public health professionals” after “health professionals”;

(C) in paragraph (3)—

(i) in subparagraph (A)—

(I) in the matter preceding clause (i), by inserting “or public health professionals” after “health professionals”; and

(II) in clause (ii), by striking “health”;

(ii) in subparagraph (B)—

(I) in the matter preceding clause (i), by inserting “or public health professional” after “health professional”; and

(II) in clause (ii)—

(aa) by inserting “or public health professional” after “the health professional”; and

(bb) by striking “services in a” and inserting “services or public health disease prevention and health promotion activities in a Federal”; and

(D) by adding at the end thereof the following new paragraph:

“(4) **PRIVATE PRACTICE.**—

“(A) In carrying out the program operated with a grant under subsection (a), a State may waive the requirement of paragraph (1) regarding the assignment of a health profes-

sional if, subject to subparagraph (B), the health professional enters into an agreement with the State to provide primary health services in a full-time private clinical practice in a health professional shortage area.

“(B) The Secretary may not make a grant under subsection (a) unless the State involved agrees that, if the State provides a waiver under subparagraph (A) for a health professional, section 338D(b)(1) will apply to the agreement under such subparagraph between the State and the health professional to the same extent and in the same manner as such section applies to an agreement between the Secretary and a health professional regarding a full-time private clinical practice.”; and

(3) in subsection (h), to read as follows:

“(h) **DEFINITIONS.**—Unless specifically provided otherwise, as used in this subpart and section 338F:

“(1) **APPROVED STATE DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREA.**—The term ‘approved State designated health professional shortage area’ means an area designated by the State as underserved using specific methodology and criteria to identify such areas. Such criteria and methodology shall be approved by the Secretary.

“(2) **COMMUNITY ORGANIZATION.**—The term ‘community organization’ means a public or nonprofit private entity.

“(3) **PRIMARY HEALTH CARE.**—The term ‘primary health care’ means health services regarding family medicine, general internal medicine, general pediatrics, dentistry, or may include obstetrics and gynecology, that are provided by physicians, dentists, certified nurse practitioners, certified nurse midwives, or physician assistants.

“(4) **STATE.**—The term ‘State’ means each of the several States and the District of Columbia.”.

(e) **COMMUNITY SCHOLARSHIP PROGRAMS.**—Section 338L of the Public Health Service Act (42 U.S.C. 254t) is amended—

(1) in the section heading, by striking “demonstration grants to states for”;

(2) in subsection (a), by striking “health manpower shortage areas” and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”;

(3) in subsection (c)—

(A) in the matter preceding paragraph (1), by striking “health manpower shortage areas” and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”;

(B) in paragraph (2), by striking “health manpower shortage areas” and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”;

(4) in subsection (e)(1), by striking “health manpower shortage areas” and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”;

(5) in subsection (f)(1)(A), by striking “health manpower shortage areas” and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”;

(6) in subsection (g), by striking “health manpower shortage areas” each place that such appears and inserting “Federal health professional shortage areas and in approved State designated health professional shortage areas”; and

(7) by striking subsections (j) through (l).

SEC. 132. RESTRUCTURING AND TECHNICAL AMENDMENTS.

(a) **REDESIGNATIONS.**—Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254l et seq.) is amended—

(1) by redesignating sections 338J and 338K (42 U.S.C. 254s and 254t) as sections 338M and 338N, respectively;

(2) by redesignating sections 338C through 338H (42 U.S.C. 254m through 254q) as sections 338G through 338L, respectively;

(3) by redesignating section 338I (as such section exists one day prior to the date of enactment of this Act) (42 U.S.C. 254r) as section 338E;

(4) by redesignating section 338L (as such section exists one day prior to the date of enactment of this Act) (42 U.S.C. 254u) as section 338F;

(b) CONSOLIDATION OF CERTAIN PROGRAMS.—Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254l et seq.) (as amended by subsection (a)) is further amended—

(1) by striking the subpart heading and inserting the following:

“Subpart III—Federally Supported Scholarships and Loans

“CHAPTER 1—NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAMS”

(2) by redesignating section 338B as section 338C;

(3) by inserting before section 338C (as so redesignated) the following:

“CHAPTER 2—NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAMS

“Subchapter A—Loan Repayment Program”;

(4) by inserting after section 338C (as so redesignated) the following:

“Subchapter B—Nursing Loan Repayment Program”.

(c) TRANSFERS AND REDESIGNATIONS OF NURSING LOAN REPAYMENT PROGRAM.—Subpart II of part E of title VIII (42 U.S.C. 297n et seq.) (as so redesignated by section 123(3)) is amended—

(1) by striking the subpart heading;

(2) by transferring section 846 (42 U.S.C. 297n) to subchapter B of chapter 2 of subpart III of part D of title III (as added by subsection (b)(4)); and

(3) in section 846—

(A) by striking the section heading and inserting the following:

“SEC. 338D. NURSING LOAN REPAYMENT PROGRAM.”;

(B) by striking subsection (d); and

(C) by striking subsection (g).

(d) TRANSFERS AND REDESIGNATIONS OF STATE LOAN REPAYMENT AND COMMUNITY SCHOLARSHIP PROGRAMS.—Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254l et seq.) (as amended by subsections (a) through (c)) is further amended—

(1) by inserting after section 338D (as so transferred and redesignated by subsection (c)(3)) the following:

“CHAPTER 3—STATE LOAN REPAYMENT AND COMMUNITY SCHOLARSHIP PROGRAMS

“Subchapter A—State Loan Repayment Programs”;

(2) by transferring section 338E (as so redesignated by subsection (a)(3)) to subchapter A of chapter 3 of such subpart (as added by paragraph (1));

(3) by inserting after section 338E (as transferred by paragraph (2)) the following:

“Subchapter B—Community Scholarship Programs”;

(4) by transferring section 338F (as so redesignated by subsection (a)(4)) to subchapter B of chapter 3 of such subpart (as added by paragraph (3)); and

(5) by inserting after section 338F (as transferred by paragraph (4)) the following:

“CHAPTER 4—GENERAL PROVISIONS”.

(e) CLINICAL RESEARCHERS.—Paragraph (3) of section 487E(a) of the Public Health Service Act (42 U.S.C. 288-5(a)(3)) is amended to read as follows:

“(3) APPLICABILITY OF CERTAIN PROVISIONS REGARDING OBLIGATED SERVICE.—With respect to the National Health Service Corps loan repayment program established in subpart III of part D of title III, the provisions of such subpart shall, except as inconsistent with this section, apply to the program established in subsection (a) in the same manner and to the same extent as such provisions apply to the National Health Service Corps loan repayment programs.”.

SEC. 133. DEFINITION OF UNDERSERVED AREAS.

Section 332(a)(1) of the Public Health Service Act (42 U.S.C. 254e(a)(1)) is amended in the first sentence—

(1) by striking “, or (C)” and inserting “, (C)”; and

(2) by inserting before the period the following: “, or (D) a State or local health department that has a severe shortage of public health personnel as determined under criteria established by the Secretary”.

SEC. 134. CONFORMING AMENDMENTS.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended—

(1) in subparagraphs (A) and (B) of section 303(d)(4) (42 U.S.C. 242a(d)(4)(A) and (B)), by striking “338C or 338D” each place that such occurs and inserting “338G or 338H”;

(2) in section 331(c) (42 U.S.C. 254d(c)), by striking “338D” and inserting “338H”;

(3) in section 337(a) (42 U.S.C. 254j(a)), by striking “338G” and inserting “338K”;

(4) in 338A (42 U.S.C. 254l)—

(A) in subsection (c)(1)—

(i) in subparagraph (A), by striking “338D” and inserting “338I”; and

(ii) in subparagraph (B), by striking “338C” and inserting “338H”;

(B) in subsection (f)(3), by striking “338D” and inserting “338I”; and

(C) in subsection (i)(5)—

(i) in subparagraph (A), by striking “338E” and inserting “338I”; and

(ii) in subparagraph (B)(ii), by striking “338E” and inserting “338I”;

(5) in section 338C (as so redesignated) (42 U.S.C. 254l-1)—

(A) in subsection (c)(1)—

(i) in subparagraph (A), by striking “338E” and inserting “338I”; and

(ii) in subparagraph (B), by striking “338D” and inserting “338H”;

(B) in subsection (f)(1)(B)(iv), by striking “338D” and inserting “338H”;

(C) in subsection (f)(4), by striking “338E” and inserting “338I”; and

(D) in subsection (i)(7)—

(i) in subparagraph (A), by striking “338E” and inserting “338I”; and

(ii) in subparagraph (B)(ii), by striking “338E” and inserting “338I”;

(6) in section 338E(d)(1)(C) (as so redesignated by section 132), by striking “338J” and inserting “338M”;

(7) in section 338G (as so redesignated by section 132)—

(A) in subsection (a)—

(i) by striking “338D” and inserting “338H”; and

(ii) by striking “338B” and inserting “338C”; and

(B) in subsection (c)(2), by striking “338D” and inserting “338H”;

(8) in section 338H (as so redesignated by section 132)—

(A) in subsection (a), by striking “338C” and inserting “338G”; and

(B) in subsection (c), by striking “338B” and inserting “338C”;

(9) in section 338I (as so redesignated by section 132)—

(A) in subsection (b)(1)(A)—

(i) by striking “338F” and inserting “338J”;

(ii) by striking “338C or 338D” and inserting “338G or 338H”;

(iii) by striking “338C” and inserting “338G”; and

(iv) by striking “338D” and inserting “338H”; and

(B) in subsection (c)(1)—

(i) by striking “338F” and inserting “338K”;

(ii) by striking “338B” and inserting “338C”;

(iii) by striking “338C or 338D” and inserting “338G or 338H”;

(10) in section 338J(b) (as so redesignated by section 132)—

(A) in paragraph (1)—

(i) by striking “338E” and inserting “338I”; and

(ii) by striking “338B” and inserting “338C”; and

(B) in paragraph (2), by striking “338I” and inserting “338E”;

(11) in section 338K (as so redesignated by section 132)—

(A) in subsection (a)(2), by striking “338D” and inserting “338H”; and

(B) in subsection (d)(1), by striking “338E” and inserting “338I”; and

(12) in section 338M(e)(1)(B)(ii)(III) (as so redesignated by section 132), by striking “338I” and inserting “338E”.

PART 2—SCHOOL-BASED REVOLVING LOAN FUNDS

SEC. 135. PRIMARY CARE LOAN PROGRAM.

(a) REQUIREMENT FOR SCHOOLS.—Section 723(b)(1) of the Public Health Service Act (42 U.S.C. 292s(b)(1)), as amended by section 2014(c)(2)(A)(ii) of Public Law 103-43 (107 Stat. 216), is amended by striking “3 years before” and inserting “4 years before”.

(b) SERVICE REQUIREMENT FOR PRIMARY CARE LOAN BORROWERS.—Section 723(a) of the Public Health Service Act (42 U.S.C. 292s(a)) is amended in subparagraph (B) of paragraph (1), by striking “through the date on which the loan is repaid in full” and inserting “for 5 years after completing the residency program”.

(c) REPORT REQUIREMENT.—Section 723 of the Public Health Service Act (42 U.S.C. 292s) is amended—

(1) by striking subsection (c); and

(2) by redesignating subsection (d) as subsection (c).

SEC. 136. LOANS FOR DISADVANTAGED STUDENTS.

(a) AUTHORIZATION OF APPROPRIATIONS.—Section 724(f)(1) of the Public Health Service Act (42 U.S.C. 292t(f)(1)) is amended by striking “\$15,000,000 for fiscal year 1993” and inserting “\$8,000,000 for each of the fiscal years 1996 through 1998”.

(b) REPEAL.—Effective October 1, 1998, paragraph (1) of section 724(f) of the Public Health Service Act (42 U.S.C. 292t(f)(1)) is repealed.

SEC. 137. STUDENT LOANS REGARDING SCHOOLS OF NURSING.

(a) IN GENERAL.—Section 836(b) of the Public Health Service Act (42 U.S.C. 297b(b)) is amended—

(1) in paragraph (1), by striking the period at the end and inserting a semicolon;

(2) in paragraph (2)—

(A) in subparagraph (A), by striking “and” at the end; and

(B) by inserting before the semicolon at the end the following: “, and (C) such additional periods under the terms of paragraph (8) of this subsection”;

(3) in paragraph (7), by striking the period at the end and inserting “; and”;

(4) by adding at the end the following paragraph:

“(8) pursuant to uniform criteria established by the Secretary, the repayment period established under paragraph (2) for any student borrower who during the repayment period failed to make consecutive payments and who, during the last 12 months of the repayment period, has made at least 12 consecutive payments may be extended for a period not to exceed 10 years.”.

(b) MINIMUM MONTHLY PAYMENTS.—Section 836(g) of the Public Health Service Act (42 U.S.C. 297b(g)) is amended by striking “\$15” and inserting “\$40”.

(c) ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.—

(1) IN GENERAL.—Section 836 of the Public Health Service Act (42 U.S.C. 297b) is amended by adding at the end the following new subsection:

“(1) ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.—

“(1) PURPOSE.—It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.

“(2) PROHIBITION.—Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school of nursing that has an agreement with the Secretary pursuant to section 835 that is seeking the repayment of the amount due from a borrower on a loan made under this subpart after the default of the borrower on such loan.”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall be effective with respect to actions pending on or after the date of enactment of this Act.

(d) BREACH OF AGREEMENTS.—Section 338D of the Public Health Service Act (as so redesignated and amended under section 132(c)) is amended by adding at the end thereof the following new subsection:

“(g) BREACH OF AGREEMENT.—

“(1) IN GENERAL.—In the case of any program under this section under which an individual makes an agreement to provide health services for a period of time in accordance with such program in consideration of receiving an award of Federal funds regarding education as a nurse (including an award for the repayment of loans), the following applies if the agreement provides that this subsection is applicable:

“(A) In the case of a program under this section that makes an award of Federal funds for attending an accredited program of nursing (in this section referred to as a ‘nursing program’), the individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—

“(i) fails to maintain an acceptable level of academic standing in the nursing program (as indicated by the program in accordance with requirements established by the Secretary);

“(ii) is dismissed from the nursing program for disciplinary reasons; or

“(iii) voluntarily terminates the nursing program.

“(B) The individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to provide health services in accordance with the program under this section for the period of time applicable under the program.

“(2) WAIVER OR SUSPENSION OF LIABILITY.— In the case of an individual or health facility making an agreement for purposes of paragraph (1), the Secretary shall provide for the waiver or suspension of liability under such subsection if compliance by the individual or the health facility, as the case may be, with the agreements involved is impossible, or would involve extreme hardship to the individual or facility, and if enforcement of the agreements with respect to the individual or facility would be unconscionable.

“(3) DATE CERTAIN FOR RECOVERY.—Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the 3-year period beginning on the date the United States becomes so entitled.

“(4) AVAILABILITY.—Amounts recovered under paragraph (1) with respect to a program under this section shall be available for the purposes of such program, and shall remain available for such purposes until expended.”.

(e) TECHNICAL AMENDMENTS.—Section 839 of the Public Health Service Act (42 U.S.C. 297e) is amended—

(1) in subsection (a)—

(A) by striking the matter preceding paragraph (1) and inserting the following:

“(a) If a school terminates a loan fund established under an agreement pursuant to section 835(b), or if the Secretary for good cause terminates the agreement with the school, there shall be a capital distribution as follows:”;

(B) in paragraph (1), by striking “at the close of September 30, 1999,” and inserting “on the date of termination of the fund”;

(2) in subsection (b), to read as follows:

“(b) If a capital distribution is made under subsection (a), the school involved shall, after such capital distribution, pay to the Secretary, not less often than quarterly, the same proportionate share of amounts received by the school in payment of principal or interest on loans made from the loan fund established under section 835(b) as determined by the Secretary under subsection (a).”.

SEC. 138. GENERAL PROVISIONS.

(a) MAXIMUM STUDENT LOAN PROVISIONS AND MINIMUM PAYMENTS.—

(1) IN GENERAL.—Section 722(a)(1) of the Public Health Service Act (42 U.S.C. 292r(a)(1)), as amended by section 2014(b)(1) of Public Law 103-43, is amended by striking “the sum of” and all that follows through the end thereof and inserting “the cost of attendance (including tuition, other reasonable educational expenses, and reasonable living costs) for that year at the educational institution attended by the student (as determined by such educational institution).”.

(2) THIRD AND FOURTH YEARS.—Section 722(a)(2) of the Public Health Service Act (42 U.S.C. 292r(a)(2)), as amended by section 2014(b)(1) of Public Law 103-43, is amended by striking “the amount \$2,500” and all that follows through “including such \$2,500” and inserting “the amount of the loan may, in the case of the third or fourth year of a student at a school of medicine or osteopathic medicine, be increased to the extent necessary”.

(3) REPAYMENT PERIOD.—Section 722(c) of the Public Health Service Act (42 U.S.C. 292r(c)), as amended by section 2014(b)(1) of Public Law 103-43, is amended—

(A) in the subsection heading by striking “TEN-YEAR” and inserting “REPAYMENT”;

(B) by striking “ten-year period which begins” and inserting “period of not less than 10 years nor more than 25 years which begins”;

(C) by striking “such ten-year period” and inserting “such period”.

(4) MINIMUM PAYMENTS.—Section 722(j) of the Public Health Service Act (42 U.S.C. 292r(j)), as amended by section 2014(b)(1) of Public Law 103-43, is amended by striking “\$15” and inserting “\$40”.

(b) ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.—

(1) IN GENERAL.—Section 722 of the Public Health Service Act (42 U.S.C. 292r), as amended by section 2014(b)(1) of Public Law 103-43, is amended by adding at the end the following new subsection:

“(m) ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.—

“(1) PURPOSE.—It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.

“(2) PROHIBITION.—Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school that has an agreement with the Secretary pursuant to section 721 that is seeking the repayment of the amount due from a borrower on a loan made under this subpart after the default of the borrower on such loan.”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall be effective with respect to actions pending on or after the date of enactment of this Act.

(c) DATE CERTAIN FOR CONTRIBUTIONS.—Paragraph (2) of section 735(e) of the Public Health Service Act (42 U.S.C. 292y(e)(2)) is amended to read as follows:

“(2) DATE CERTAIN FOR CONTRIBUTIONS.— Amounts described in paragraph (1) that are returned to the Secretary shall be obligated before the end of the succeeding fiscal year.”.

PART 3—INSURED HEALTH EDUCATION ASSISTANCE LOANS TO GRADUATE STUDENTS

SEC. 141. HEALTH EDUCATION ASSISTANCE LOAN PROGRAM.

(a) HEALTH EDUCATION ASSISTANCE LOAN DEFERMENT FOR BORROWERS PROVIDING HEALTH SERVICES TO INDIANS.—

(1) IN GENERAL.—Section 705(a)(2)(C) of the Public Health Service Act (42 U.S.C. 292d(a)(2)(C)) is amended by striking “and (x)” and inserting “(x) not in excess of three years, during which the borrower is providing health care services to Indians through an Indian health program (as defined in section 108(a)(2)(A) of the Indian Health Care Improvement Act (25 U.S.C. 1616a(2)(A)); and (xi)”.

(2) CONFORMING AMENDMENTS.—Section 705(a)(2)(C) of the Public Health Service Act (42 U.S.C. 292d(a)(2)(C)) is further amended—

(A) in clause (xi) (as so redesignated) by striking “(ix)” and inserting “(x)”;

(B) in the matter following such clause (xi), by striking “(x)” and inserting “(xi)”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply with respect to services provided on or after the first day of the third month that begins after the date of the enactment of this Act.

(b) REPORT REQUIREMENT.—Section 709(b) of the Public Health Service Act (42 U.S.C. 292h(b)) is amended—

(1) in paragraph (4)(B), by adding “and” after the semicolon;

(2) in paragraph (5), by striking “; and” and inserting a period; and

(3) by striking paragraph (6).

(c) COLLECTION FROM ESTATES.—Section 714 of the Public Health Service Act (42 U.S.C. 292m) is amended by adding at the end the

following new sentence: "Notwithstanding the first sentence, the Secretary may, in the case of a borrower who dies, collect any remaining unpaid balance owed to the lender, the holder of the loan, or the Federal Government from the borrower's estate."

SEC. 142. HEAL LENDER AND HOLDER PERFORMANCE STANDARDS.

(a) GENERAL AMENDMENTS.—Section 707(a) of the Public Health Service Act (42 U.S.C. 292f) is amended—

(1) by striking the last sentence;

(2) by striking "determined." and inserting "determined, except that, if the insurance beneficiary including any servicer of the loan is not designated for 'exceptional performance', as set forth in paragraph (2), the Secretary shall pay to the beneficiary a sum equal to 98 percent of the amount of the loss sustained by the insured upon that loan.";

(3) by striking "Upon" and inserting:

"(1) IN GENERAL.—Upon"; and

(4) by adding at the end the following new paragraph:

"(2) EXCEPTIONAL PERFORMANCE.—

"(A) AUTHORITY.—Where the Secretary determines that an eligible lender, holder, or servicer has a compliance performance rating that equals or exceeds 97 percent, the Secretary shall designate that eligible lender, holder, or servicer, as the case may be, for exceptional performance.

"(B) COMPLIANCE PERFORMANCE RATING.—For purposes of subparagraph (A), a compliance performance rating is determined with respect to compliance with due diligence in the disbursement, servicing, and collection of loans under this subpart for each year for which the determination is made. Such rating shall be equal to the percentage of all due diligence requirements applicable to each loan, on average, as established by the Secretary, with respect to loans serviced during the period by the eligible lender, holder, or servicer.

"(C) ANNUAL AUDITS FOR LENDERS, HOLDERS, AND SERVICERS.—Each eligible lender, holder, or servicer desiring a designation under subparagraph (A) shall have an annual financial and compliance audit conducted with respect to the loan portfolio of such eligible lender, holder, or servicer, by a qualified independent organization from a list of qualified organizations identified by the Secretary and in accordance with standards established by the Secretary. The standards shall measure the lender's, holder's, or servicer's compliance with due diligence standards and shall include a defined statistical sampling technique designed to measure the performance rating of the eligible lender, holder, or servicer for the purpose of this section. Each eligible lender, holder, or servicer shall submit the audit required by this section to the Secretary.

"(D) SECRETARY'S DETERMINATIONS.—The Secretary shall make the determination under subparagraph (A) based upon the audits submitted under this paragraph and any information in the possession of the Secretary or submitted by any other agency or office of the Federal Government.

"(E) QUARTERLY COMPLIANCE AUDIT.—To maintain its status as an exceptional performer, the lender, holder, or servicer shall undergo a quarterly compliance audit at the end of each quarter (other than the quarter in which status as an exceptional performer is established through a financial and compliance audit, as described in subparagraph (C)), and submit the results of such audit to the Secretary. The compliance audit shall review compliance with due diligence requirements for the period beginning on the day after the ending date of the previous audit, in accordance with standards determined by the Secretary.

"(F) REVOCATION AUTHORITY.—The Secretary shall revoke the designation of a lender, holder, or servicer under subparagraph (A) if any quarterly audit required under subparagraph (E) is not received by the Secretary by the date established by the Secretary or if the audit indicates the lender, holder, or servicer has failed to meet the standards for designation as an exceptional performer under subparagraph (A). A lender, holder, or servicer receiving a compliance audit not meeting the standard for designation as an exceptional performer may re-apply for designation under subparagraph (A) at any time.

"(G) DOCUMENTATION.—Nothing in this section shall restrict or limit the authority of the Secretary to require the submission of claims documentation evidencing servicing performed on loans, except that the Secretary may not require exceptional performers to submit greater documentation than that required for lenders, holders, and servicers not designated under subparagraph (A).

"(H) COST OF AUDITS.—Each eligible lender, holder, or servicer shall pay for all the costs associated with the audits required under this section.

"(I) ADDITIONAL REVOCATION AUTHORITY.—Notwithstanding any other provision of this section, a designation under subparagraph (A) may be revoked at any time by the Secretary if the Secretary determines that the eligible lender, holder, or servicer has failed to maintain an overall level of compliance consistent with the audit submitted by the eligible lender, holder, or servicer under this paragraph or if the Secretary asserts that the lender, holder, or servicer may have engaged in fraud in securing designation under subparagraph (A) or is failing to service loans in accordance with program requirements.

"(J) NONCOMPLIANCE.—A lender, holder, or servicer designated under subparagraph (A) that fails to service loans or otherwise comply with applicable program regulations shall be considered in violation of the Federal False Claims Act."

(b) DEFINITION.—Section 707(e) of the Public Health Service Act (42 U.S.C. 292f(e)) is amended by adding at the end the following new paragraph:

"(4) The term 'servicer' means any agency acting on behalf of the insurance beneficiary."

(c) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) shall apply with respect to loans submitted to the Secretary for payment on or after the first day of the sixth month that begins after the date of enactment of this Act.

SEC. 143. REAUTHORIZATION.

(a) LOAN PROGRAM.—Section 702(a) of the Public Health Service Act (42 U.S.C. 292a(a)) is amended—

(1) by striking "\$350,000,000" and all that follows through "1995" and inserting "\$260,000,000 for fiscal year 1996, \$160,000,000 for fiscal year 1997, and \$80,000,000 for fiscal year 1998";

(2) by striking "obtained prior loans insured under this subpart" and inserting "obtained loans insured under this subpart in fiscal year 1996 or in prior fiscal years"; and

(3) by adding at the end thereof the following new sentence: "The Secretary may establish guidelines and procedures that lenders must follow in distributing funds under this subpart."

(b) INSURANCE PROGRAM.—Section 710(a)(2)(B) of the Public Health Service Act (42 U.S.C. 292i(a)(2)(B)) is amended by striking "any of the fiscal years 1993 through 1996" and inserting "fiscal year 1993 and subsequent fiscal years".

PART 4—SCHOLARSHIPS FOR DISADVANTAGED STUDENTS

SEC. 151. SCHOLARSHIPS FOR DISADVANTAGED STUDENTS.

Part B of title VII of the Public Health Service Act (as amended by section 101(a)) is further amended by adding at the end thereof the following new section:

"SEC. 740. SCHOLARSHIPS FOR DISADVANTAGED STUDENTS.

"(a) IN GENERAL.—The Secretary may make a grant to an eligible entity (as defined in subsection (f)(1)) under this section for the awarding of scholarships by schools to any full-time student who is an eligible individual as defined in subsection (f). Such scholarships may be expended only for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in the attendance of such school, and may not, for any year of such attendance for which the scholarship is provided, provide an amount exceeding the total amount required for the year.

"(b) PREFERENCE IN PROVIDING SCHOLARSHIPS.—The Secretary may not make a grant to an entity under subsection (a) unless the health professions and nursing schools involved agrees that, in providing scholarships pursuant to the grant, the school will give preference to students for whom the costs of attending the school would constitute a severe financial hardship and, notwithstanding other provisions of this section, to former recipients of scholarships under sections 736 and 740(d)(2)(B) (as such sections existed on the day before the date of enactment of this section).

"(c) AMOUNT OF AWARD.—In awarding grants to eligible entities that are health professions and nursing schools, the Secretary shall give priority to eligible entities based on the proportion of graduating students going into primary care, the proportion of minority students, and the proportion of graduates working in medically underserved areas.

"(d) MAXIMUM SCHOLARSHIP AWARD.—The maximum scholarship that an individual may receive in any year from an eligible entity that is a health professions and nursing schools shall be \$3,000.

"(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$32,000,000 for each of the fiscal years 1996 through 1999. Of the amount appropriated in any fiscal year, the Secretary shall ensure that not less than 16 percent shall be distributed to schools of nursing.

"(f) DEFINITIONS.—As used in this section:

"(1) ELIGIBLE ENTITIES.—The term 'eligible entities' means an entity that—

"(A) is a school of medicine, osteopathic medicine, dentistry, nursing (as defined in section 801), pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health, a school offering a graduate program in mental health practice, or an entity providing programs for the training of physician assistant; and

"(B) is carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups.

"(2) ELIGIBLE INDIVIDUAL.—The term 'eligible individual' means an individual who—

"(A) is from a disadvantaged background;

"(B) has a financial need for a scholarship; and

"(C) is enrolled (or accepted for enrollment) at an eligible health profession or nursing school as a full-time student in a program leading to a degree in a health profession or nursing."

TITLE II—OFFICE OF MINORITY HEALTH**SEC. 201. REVISION AND EXTENSION OF PROGRAMS OF OFFICE OF MINORITY HEALTH.**

(a) IN GENERAL.—Section 1707 of the Public Health Service Act (42 U.S.C. 300u-6) is amended by striking subsection (b) and all that follows and inserting the following:

“(b) DUTIES.—With respect to improving the health of racial and ethnic minority groups, the Secretary, acting through the Deputy Assistant Secretary for Minority Health (in this section referred to as the ‘Deputy Assistant Secretary’), shall carry out the following:

“(1) Establish short-range and long-range goals and objectives and coordinate all other activities within the Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning such individuals. The heads of each of the agencies of the Service shall consult with the Deputy Assistant Secretary to ensure the coordination of such activities.

“(2) Carry out the following types of activities by entering into interagency agreements with other agencies of the Public Health Service:

“(A) Support research, demonstrations and evaluations to test new and innovative models.

“(B) Increase knowledge and understanding of health risk factors.

“(C) Develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including individuals who are members of racial or ethnic minority groups.

“(D) Ensure that the National Center for Health Statistics collects data on the health status of each minority group.

“(E) With respect to individuals who lack proficiency in speaking the English language, enter into contracts with public and nonprofit private providers of primary health services for the purpose of increasing the access of the individuals to such services by developing and carrying out programs to provide bilingual or interpretive services.

“(3) Support a national minority health resource center to carry out the following:

“(A) Facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care.

“(B) Facilitate access to such information.

“(C) Assist in the analysis of issues and problems relating to such matters.

“(D) Provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance).

“(4) Carry out programs to improve access to health care services for individuals with limited proficiency in speaking the English language by facilitating the removal of impediments to the receipt of health care that result from such limitation. Activities under the preceding sentence shall include conducting research and developing and evaluating model projects.

“(5) Not later than June 8 of each year, the heads of the Public Health Service agencies shall submit to the Deputy Assistant Secretary a report summarizing the minority health activities of each of the respective agencies.

“(c) ADVISORY COMMITTEE.—

“(1) IN GENERAL.—The Secretary shall establish an advisory committee to be known as the Advisory Committee on Minority Health (in this subsection referred to as the ‘Committee’). The Deputy Assistant Secretary shall consult with the Committee in carrying out this section.

“(2) DUTIES.—The Committee shall provide advice to the Deputy Assistant Secretary carrying out this section, including advice on the development of goals and specific program activities under paragraphs (1) and (2) of subsection (b) for each racial and ethnic minority group.

“(3) CHAIR.—The Deputy Assistant Secretary shall serve as the chair of the Committee.

“(4) COMPOSITION.—

“(A) The Committee shall be composed of 12 voting members appointed in accordance with subparagraph (B), and nonvoting, ex officio members designated in subparagraph (C).

“(B) The voting members of the Committee shall be appointed by the Secretary from among individuals who are not officers or employees of the Federal Government and who have expertise regarding issues of minority health. The racial and ethnic minority groups shall be equally represented among such members.

“(C) The nonvoting, ex officio members of the Committee shall be the directors of each of the minority health offices, and such additional officials of the Department of Health and Human Services as the Secretary determines to be appropriate.

“(5) TERMS.—Each member of the Committee shall serve for a term of 4 years, except that the Secretary shall initially appoint a portion of the members to terms of 1 year, 2 years, and 3 years.

“(6) VACANCIES.—If a vacancy occurs on the Committee, a new member shall be appointed by the Secretary within 90 days from the date that the vacancy occurs, and serve for the remainder of the term for which the predecessor of such member was appointed. The vacancy shall not affect the power of the remaining members to execute the duties of the Committee.

“(7) COMPENSATION.—Members of the Committee who are officers or employees of the United States shall serve without compensation. Members of the Committee who are not officers or employees of the United States shall receive compensation, for each day (including travel time) they are engaged in the performance of the functions of the Committee. Such compensation may not be in an amount in excess of the daily equivalent of the annual maximum rate of basic pay payable under the General Schedule (under title 5, United States Code) for positions above GS-15.

“(d) CERTAIN REQUIREMENTS REGARDING DUTIES.—

“(1) RECOMMENDATIONS REGARDING LANGUAGE AS IMPEDIMENT TO HEALTH CARE.—The Deputy Assistant Secretary for Minority Health shall consult with the Director of the Office of Refugee Health, the Director of the Office of Civil Rights, and the Director of the Office of Minority Health of the Health Resources and Services Administration, and other appropriate offices, regarding recommendations for carrying out activities under subsection (b)(4).

“(2) EQUIVOCAL ALLOCATION REGARDING ACTIVITIES.—

“(A) In making awards of grants, cooperative agreements, or contracts under this section or section 338A, 338B, 340A, 404, or 724, or part B of title VII, the Secretary, acting as appropriate through the Deputy Assistant Secretary or the Administrator of the Health Resources and Services Administration, shall ensure that such awards are equitably allocated with respect to the various racial and minority populations.

“(B) With respect to grants, cooperative agreements, and contracts that are available under the sections specified in subparagraph (A), the Secretary shall—

“(i) carry out activities to inform entities, as appropriate, that the entities may be eligible for awards of such assistance;

“(ii) provide technical assistance to such entities in the process of preparing and submitting applications for the awards in accordance with the policies of the Secretary regarding such application; and

“(iii) inform populations, as appropriate, that members of the populations may be eligible to receive services or otherwise participate in the activities carried out with such awards.

“(3) CULTURAL COMPETENCY OF SERVICES.—The Secretary shall ensure that information and services provided pursuant to subsection (b) are provided in the language, educational, and cultural context that is most appropriate for the individuals for whom the information and services are intended.

“(e) GRANTS AND CONTRACTS REGARDING DUTIES.—

“(1) IN GENERAL.—In carrying out subsection (b), the Deputy Assistant Secretary may make awards of grants, cooperative agreements, and contracts to public and nonprofit private entities.

“(2) PROCESS FOR MAKING AWARDS.—The Deputy Assistant Secretary shall ensure that awards under paragraph (1) are made only on a competitive basis, and that a grant is awarded for a proposal only if the proposal has been recommended for such an award through a process of peer review and has been so recommended by the advisory committee established under subsection (c).

“(3) EVALUATION AND DISSEMINATION.—The Deputy Assistant Secretary, directly or through contracts with public and private entities, shall provide for evaluations of projects carried out with awards made under paragraph (1) during the preceding 2 fiscal years. The report shall be included in the report required under subsection (f) for the fiscal year involved.

“(f) BIENNIAL REPORTS.—Not later than February 1 of fiscal year 1996 and of each second year thereafter, the Deputy Assistant Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the activities carried out under this section during the preceding 2 fiscal years and evaluating the extent to which such activities have been effective in improving the health of racial and ethnic minority groups. Each such report shall include the biennial reports submitted to the Deputy Assistant Secretary under section 201(b)(5) for such years by the heads of the Public Health Service agencies.

“(g) DEFINITION.—For purposes of this section:

“(1) The term ‘racial and ethnic minority group’ means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans and Pacific Islanders; Blacks; and Hispanics.

“(2) The term ‘Hispanic’ means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

“(h) FUNDING.—For the purpose of carrying out this section, there are authorized to be appropriated \$21,000,000 for fiscal year 1996, such sums as may be necessary for each of the fiscal years 1997 and 1998, and \$19,000,000 for fiscal year 1999.”

(b) MISCELLANEOUS AMENDMENT.—Section 1707 of the Public Health Service Act (42 U.S.C. 300u-6) is amended in the heading for the section by striking “ESTABLISHMENT OF”.

TITLE III—SELECTED INITIATIVES

SEC. 301. PROGRAMS REGARDING BIRTH DEFECTS.

Section 317C of the Public Health Service Act (42 U.S.C. 247b-4) is amended to read as follows:

"PROGRAMS REGARDING BIRTH DEFECTS

"SEC. 317C. (a) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out programs—

"(1) to collect, analyze, and make available data on birth defects (in a manner that facilitates compliance with subsection (d)(2)), including data on the causes of such defects and on the incidence and prevalence of such defects; and

"(2) to operate regional centers for the conduct of applied epidemiological research on the prevention of such defects.

"(b) ADDITIONAL PROVISIONS REGARDING COLLECTION OF DATA.—

"(1) IN GENERAL.—In carrying out subsection (a)(1), the Secretary—

"(A) shall collect and analyze data by gender and by racial and ethnic group, including Hispanics, non-Hispanic whites, Blacks, Native Americans, Asian Americans, and Pacific Islanders;

"(B) shall collect data under subparagraph (A) from birth certificates, death certificates, hospital records, and such other sources as the Secretary determines to be appropriate; and

"(C) shall encourage States to establish or improve programs for the collection and analysis of epidemiological data on birth defects, and to make the data available.

"(2) NATIONAL CLEARINGHOUSE.—In carrying out subsection (a)(1), the Secretary shall establish and maintain a National Information Clearinghouse on Birth Defects to collect and disseminate to health professionals and the general public information on birth defects, including the prevention of such defects.

"(c) GRANTS AND CONTRACTS.—

"(1) IN GENERAL.—In carrying out subsection (a), the Secretary may make grants to and enter into contracts with public and nonprofit private entities.

"(2) SUPPLIES AND SERVICES IN LIEU OF AWARD FUNDS.—

"(A) Upon the request of a recipient of an award of a grant or contract under paragraph (1), the Secretary may, subject to subparagraph (B), provide supplies, equipment, and services for the purpose of aiding the recipient in carrying out the purposes for which the award is made and, for such purposes, may detail to the recipient any officer or employee of the Department of Health and Human Services.

"(B) With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of payments under the award involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

"(3) APPLICATION FOR AWARD.—The Secretary may make an award of a grant or contract under paragraph (1) only if an application for the award is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out the purposes for which the award is to be made.

"(d) BIENNIAL REPORT.—Not later than February 1 of fiscal year 1997 and of every second such year thereafter, the Secretary shall submit to the Committee on Energy

and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report that, with respect to the preceding 2 fiscal years—

"(1) contains information regarding the incidence and prevalence of birth defects and the extent to which birth defects have contributed to the incidence and prevalence of infant mortality;

"(2) contains information under paragraph (1) that is specific to various racial and ethnic groups (including Hispanics, non-Hispanic whites, Blacks, Native Americans, and Asian Americans);

"(3) contains an assessment of the extent to which various approaches of preventing birth defects have been effective;

"(4) describes the activities carried out under this section; and

"(5) contains any recommendations of the Secretary regarding this section."

SEC. 302. STATE OFFICES OF RURAL HEALTH.

(a) IN GENERAL.—Section 338M of the Public Health Service Act (as so redesignated by section 132) is amended—

(1) in subsection (b)(1), in the matter preceding subparagraph (A), by striking "in cash"; and

(2) in subsection (j)(1)—

(A) by striking "and" after "1992."; and

(B) by inserting before the period the following: ", and such sums as may be necessary for each of the fiscal years 1996 through 1997"; and

(3) in subsection (k), by striking "\$10,000,000" and inserting "\$20,000,000".

(b) REPEAL.—Effective on October 1, 1997, section 338M of the Public Health Service Act (as so redesignated by section 132) is repealed.

SEC. 303. HEALTH SERVICES FOR PACIFIC ISLANDERS.

Section 10 of the Disadvantaged Minority Health Improvement Act of 1990 (42 U.S.C. 254c-1) is amended—

(1) in subsection (b)—

(A) in paragraph (2)—

(i) by inserting "substance abuse" after "availability of health"; and

(ii) by striking "including improved health data systems";

(B) in paragraph (3)—

(i) by striking "manpower" and inserting "care providers"; and

(ii) by striking "by—" and all that follows through the end thereof and inserting a semicolon;

(C) by striking paragraphs (5) and (6);

(D) by redesignating paragraphs (7), and (8) as paragraphs (5) and (6), respectively;

(E) in paragraph (5) (as so redesignated), by striking "and" at the end thereof;

(F) in paragraph (6) (as so redesignated), by striking the period and inserting a semicolon; and

(G) by inserting after paragraph (6) (as so redesignated), the following new paragraphs:

"(7) to provide primary health care, preventive health care, and related training to American Samoan health care professionals; and

"(8) to improve access to health promotion and disease prevention services for rural American Samoa.";

(2) in subsection (f)—

(A) by striking "there is" and inserting "there are"; and

(B) by striking "\$10,000,000" and all that follows through "1993" and inserting "\$3,000,000 for fiscal year 1995, \$4,000,000 for fiscal year 1996, and \$5,000,000 for fiscal year 1997"; and

(3) by adding at the end thereof the following new subsection:

"(g) STUDY AND REPORT.—

"(1) STUDY.—Not later than 180 days after the date of enactment of this subsection, the

Secretary, acting through the Administrator of the Health Resources and Services Administration, shall enter into a contract with a public or nonprofit private entity for the conduct of a study to determine the effectiveness of projects funded under this section.

"(2) REPORT.—Not later than July 1, 1996, the Secretary shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives a report describing the findings made with respect to the study conducted under paragraph (1)."

SEC. 304. DEMONSTRATION PROJECTS REGARDING ALZHEIMER'S DISEASE.

(a) IN GENERAL.—Section 398(a) of the Public Health Service Act (42 U.S.C. 280c-3(a)) is amended—

(1) in the matter preceding paragraph (1), by striking "not less than 5, and not more than 15.";

(2) in paragraph (2)—

(A) by inserting after "disorders" the following: "who are living in single family homes or in congregate settings"; and

(B) by striking "and" at the end;

(3) by redesignating paragraph (3) as paragraph (4); and

(4) by inserting after paragraph (2) the following:

"(3) to improve the access of such individuals to home-based or community-based long-term care services (subject to the services being provided by entities that were providing such services in the State involved as of October 1, 1995), particularly such individuals who are members of racial or ethnic minority groups, who have limited proficiency in speaking the English language, or who live in rural areas; and"

(b) DURATION.—Section 398A of the Public Health Service Act (42 U.S.C. 280c-4) is amended—

(1) in the heading for the section, by striking "LIMITATION" and all that follows and inserting "REQUIREMENT OF MATCHING FUNDS";

(2) by striking subsection (a);

(3) by redesignating subsections (b) and (c) as subsections (a) and (b), respectively;

(4) in subsection (a) (as so redesignated), in each of paragraphs (1)(C) and (2)(C), by striking "third year" and inserting "third or subsequent year".

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 398B(e) of the Public Health Service Act (42 U.S.C. 280c-5(e)) is amended by striking "and 1993" and inserting "through 1998".

TITLE IV—MISCELLANEOUS PROVISIONS

SEC. 401. TECHNICAL CORRECTIONS REGARDING PUBLIC LAW 103-183.

(a) AMENDATORY INSTRUCTIONS.—Public Law 103-183 is amended—

(1) in section 601—

(A) in subsection (b), in the matter preceding paragraph (1), by striking "Section 1201 of the Public Health Service Act (42 U.S.C. 300d)" and inserting "Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.)"; and

(B) in subsection (f)(1), by striking "in section 1204(c)" and inserting "in section 1203(c) (as redesignated by subsection (b)(2) of this section)";

(2) in section 602, by striking "for the purpose" and inserting "For the purpose"; and

(3) in section 705(b), by striking "317D((1)(1))" and inserting "317D(1)(1)".

(b) PUBLIC HEALTH SERVICE ACT.—The Public Health Service Act, as amended by Public Law 103-183 and by subsection (a) of this section, is amended—

(1) in section 317E(g)(2), by striking "making grants under subsection (b)" and inserting "carrying out subsection (b)";

(2) in section 318, in subsection (e) as in effect on the day before the date of the enactment of Public Law 103-183, by redesignating the subsection as subsection (f);

(3) in subpart 6 of part C of title IV—

(A) by transferring the first section 447 (added by section 302 of Public Law 103-183) from the current placement of the section;

(B) by redesignating the section as section 447A; and

(C) by inserting the section after section 447;

(4) in section 1213(a)(8), by striking "provides for" and inserting "provides for";

(5) in section 1501, by redesignating the second subsection (c) (added by section 101(f) of Public Law 103-183) as subsection (d); and

(6) in section 1505(3), by striking "nonprivate" and inserting "private".

(c) MISCELLANEOUS CORRECTION.—Section 401(c)(3) of Public Law 103-183 is amended in the matter preceding subparagraph (A) by striking "(d)(5)" and inserting "(e)(5)".

(d) EFFECTIVE DATE.—This section is deemed to have taken effect immediately after the enactment of Public Law 103-183.

SEC. 402. CERTAIN AUTHORITIES OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) IN GENERAL.—Part B of title III of the Public Health Service Act is amended by inserting after section 317H the following section:

"MISCELLANEOUS AUTHORITIES REGARDING CENTERS FOR DISEASE CONTROL AND PREVENTION

"SEC. 317L. (a) TECHNICAL AND SCIENTIFIC PEER REVIEW GROUPS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, establish such technical and scientific peer review groups and scientific program advisory committees as are needed to carry out the functions of such Centers and appoint and pay the members of such groups, except that officers and employees of the United States shall not receive additional compensation for service as members of such groups. The Federal Advisory Committee Act shall not apply to the duration of such peer review groups. Not more than one-fourth of the members of any such group shall be officers or employees of the United States.

"(b) FELLOWSHIP AND TRAINING PROGRAMS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish fellowship and training programs to be conducted by such Centers to train individuals to develop skills in epidemiology, surveillance, laboratory analysis, and other disease detection and prevention methods. Such programs shall be designed to enable health professionals and health personnel trained under such programs to work, after receiving such training, in local, State, national, and international efforts toward the prevention and control of diseases, injuries, and disabilities. Such fellowships and training may be administered through the use of either appointment or nonappointment procedures."

(b) EFFECTIVE DATE.—This section is deemed to have taken effect July 1, 1995.

SEC. 403. ADMINISTRATION OF CERTAIN REQUIREMENTS.

(a) IN GENERAL.—Section 2004 of Public Law 103-43 (107 Stat. 209) is amended by striking subsection (a).

(b) CONFORMING AMENDMENTS.—Section 2004 of Public Law 103-43, as amended by subsection (a) of this section, is amended—

(1) by striking "(b) SENSE" and all that follows through "In the case" and inserting the following:

"(a) SENSE OF CONGRESS REGARDING PURCHASE OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.—In the case";

(2) by striking "(2) NOTICE TO RECIPIENTS OF ASSISTANCE" and inserting the following:

"(b) NOTICE TO RECIPIENTS OF ASSISTANCE"; and

(3) in subsection (b), as redesignated by paragraph (2) of this subsection, by striking "paragraph (1)" and inserting "subsection (a)".

(c) EFFECTIVE DATE.—This section is deemed to have taken effect immediately after the enactment of Public Law 103-43.

SEC. 404. TECHNICAL CORRECTIONS RELATING TO HEALTH PROFESSIONS PROGRAMS.

Part G of title VII of the Public Health Service Act (42 U.S.C. 295j et seq.) is amended by inserting after section 794 the following section:

"SEC. 794A. RECOVERY.

"(a) IN GENERAL.—If at any time within 20 years (or within such shorter period as the Secretary may prescribe by regulation for an interim facility) after the completion of construction of a facility with respect to which funds have been paid under section 720(a) (as such section existed one day prior to the date of enactment of the Health Professions Education Extension Amendments of 1992 (Public Law 102-408))—

"(1)(A) in the case of a facility which was an affiliated hospital or outpatient facility with respect to which funds have been paid under such section 720(a)(1), the owner of the facility ceases to be a public or other nonprofit agency that would have been qualified to file an application under section 605;

"(B) in the case of a facility which was not an affiliated hospital or outpatient facility but was a facility with respect to which funds have been paid under paragraph (1) or (3) of such section 720(a), the owner of the facility ceases to be a public or nonprofit school; or

"(C) in the case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity;

"(2) the facility ceases to be used for the teaching or training purposes (or other purposes permitted under section 722 (as such section existed one day prior to the date of enactment of the Health Professions Education Extension Amendments of 1992 (Public Law 102-408)) for which it was constructed, or

"(3) the facility is used for sectarian instruction or as a place for religious worship, the United States shall be entitled to recover from the owner of the facility the base amount prescribed by subsection (c)(1) plus the interest (if any) prescribed by subsection (c)(2).

"(b) NOTICE.—The owner of a facility which ceases to be a public or nonprofit agency, school, or entity as described in subparagraph (A), (B), or (C) of subsection (a)(1), as the case may be, or the owner of a facility the use of which changes as described in paragraph (2) or (3) of subsection (a), shall provide the Secretary written notice of such cessation or change of use within 10 days after the date on which such cessation or change of use occurs or within 30 days after the date of enactment of this subsection, whichever is later.

"(c) AMOUNT.—

"(1) BASE AMOUNT.—The base amount that the United States is entitled to recover under subsection (a) is the amount bearing the same ratio to the then value (as deter-

mined by the agreement of the parties or in an action brought in the district court of the United States for the district in which the facility is situated) of the facility as the amount of the Federal participation bore to the cost of construction.

"(2) INTEREST.—

"(A) IN GENERAL.—The interest that the United States is entitled to recover under subsection (a) is the interest for the period (if any) described in subparagraph (B) at a rate (determined by the Secretary) based on the average of the bond equivalent rates of ninety-one-day Treasury bills auctioned during that period.

"(B) PERIOD.—The period referred to in subparagraph (A) is the period beginning—

"(i) if notice is provided as prescribed by subsection (b), 191 days after the date on which the owner of the facility ceases to be a public or nonprofit agency, school, or entity as described in subparagraph (A), (B), or (C) of subsection (a)(1), as the case may be, or 191 days after the date on which the use of the facility changes as described in paragraph (2) or (3) of subsection (a); or

"(ii) if notice is not provided as prescribed by subsection (b), 11 days after the date on which such cessation or change of use occurs,

and ending on the date the amount the United States is entitled to recover is collected.

"(d) WAIVER.—The Secretary may waive the recovery rights of the United States under subsection (a)(2) with respect to a facility (under such conditions as the Secretary may establish by regulation) if the Secretary determines that there is good cause for waiving such rights.

"(e) LIEN.—The right of recovery of the United States under subsection (a) shall not, prior to judgment, constitute a lien on any facility."

SEC. 405. CLINICAL TRAINEESHIPS.

Section 303(d)(1) of the Public Health Service Act (42 U.S.C. 242a(d)(1)) is amended by inserting "counseling," after "family therapy."

SEC. 406. CONSTRUCTION OF REGIONAL CENTERS FOR RESEARCH ON PRIMATES.

Section 481B(a) of the Public Health Service Act (42 U.S.C. 287a-3(a)) is amended by striking "\$5,000,000" and inserting "\$2,500,000".

SEC. 407. REQUIRED CONSULTATION BY SECRETARY.

The Secretary of Health and Human Services, regarding the programs under parts B, C, D, and E of title VII, and parts B, C, and D of title VIII, of the Public Health Service Act, as amended by this Act, shall—

(1) publish in the Federal Register a general program description for the funding of awards under such parts;

(2) solicit and receive written and oral comments concerning such description, including the holding of a public forum at which interested individuals and groups may provide comment; and

(3) take into consideration information received under paragraph (2).

ORDER OF PROCEDURE

Mr. LOTT. Mr. President, we are continuing to work in an effort to get consideration of the FAA reauthorization bill. This is very important legislation. It does have a number of provisions related to the trust fund and to airport safety. It is vital to this country that we get this legislation completed.

There has been an objection by Senator FEINGOLD, a Senator from Wisconsin, to this very important legislation,